Royal Commission into Aged Care Quality and Safety

Final Report: Care, Dignity and Respect

Volume 5

Appendices

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Appendices

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Appendix 1: Witnesses

Appendix 1: Witnesses

Adelaide Hearing 1					
Witness		**Exhibit Number**	**Date Tendered**	**Title**	**Oral Evidence Given**
1.	Barbara Spriggs	1-1	11-Feb-19	Statement of Barbara Spriggs	11-Feb-19
2.	Clive Spriggs	1-2	11-Feb-19	Statement of Clive Spriggs	11-Feb-19
3.	Ian Yates AM	1-3	11-Feb-19	Statement of Ian Yates	11-Feb-19
4.	Prof John McCallum	1-4	11-Feb-19	Statement of John McCallum	11-Feb-19
5.	Justine Boland	1-6	12-Feb-19	Statement of Justine Boland	12-Feb-19
6.	Louise York	1-7	12-Feb-19	Statement of Louise York	12-Feb-19
7.	Mark Cooper-Stanbury	n/a	n/a	n/a	12-Feb-19
8.	Craig Gear	1-8	12-Feb-19	Statement of Craig Gear	12-Feb-19
9.	Paul Versteege	1-9	12-Feb-19	Statement of Paul Versteege	12-Feb-19
10.	Susan Elderton	1-11	12-Feb-19	Statement of Susan Elderton	12-Feb-19
11.	Assoc Prof Edward Strivens	1-14	13-Feb-19	Statement of Edward Strivens	13-Feb-19
12.	Prof Deborah Parker	1-15	13-Feb-19	Statement of Deborah Parker	13-Feb-19
13.	Annie Butler	1-16	13-Feb-19	Statement of Annie Butler	13-Feb-19
14.	Glenys Beauchamp PSM	1-23	18-Feb-19	Statement of Glenys Beauchamp	18-Feb-19
15.	Commissioner Janet Anderson PSM	1-38	18-Feb-19	Statement of Janet Anderson	18-Feb-19
		1-39	18-Feb-19	Corrigendum to the statement of Janet Anderson	
16.	Dr Harry Nespolon	1-40	18-Feb-19	Statement of Harry Nespolon	18-Feb-19
17.	Maree McCabe	1-44	19-Feb-19	Statement of Maree McCabe	19-Feb-19
18.	Patricia Sparrow	1-45	19-Feb-19	Statement of Patricia Sparrow	19-Feb-19
19.	Sean Rooney	1-46	19-Feb-19	Statement of Sean Rooney	19-Feb-19
		1-47		Second statement of Sean Rooney	
20.	Nicolas Mersiades	1-50	19-Feb-19	Statement of Nicolas George Mersiades	19-Feb-19
21.	Claerwen Little	1-51	20-Feb-19	Statement of Claerwen Little	20-Feb-19
22.	Melissa Coad	1-52	20-Feb-19	Statement of Melissa Coad	20-Feb-19
23.	Matthew Richter	1-54	20-Feb-19	Statement of Matthew Richter	20 Feb 19
		1-55	20-Feb-19	Supplementary statement of Matthew Richter	

Witness		Exhibit Number	Date Tendered	Title	Oral Evidence Given
24.	Dr Anthony Bartone	1-56	20-Feb-19	Statement of Anthony Bartone	20-Feb-19
		1-57	20-Feb-19	Additional statement of Anthony Bartone	
25.	Gerard Hayes	1-60	21-Feb-19	Statement of Gerard Hayes	21-Feb-19
26.	Kaye Warrener	1-61	21-Feb-19	Statement of Kaye Warrener	21-Feb-19
27.	Margaret Harker	1-62	21-Feb-19	Statement of Margaret Harker	21-Feb-19
28.	Barrie Anderson	1-63	21-Feb-19	Statement of Barrie Anderson	21-Feb-19

Adelaide Hearing 2

Witness		Exhibit Number	Date Tendered	Title	Oral Evidence Given
29.	Lynda Henderson	2-1	18-Mar-19	Statement of Lynda Henderson	18-Mar-19
		2-3	18-Mar-19	Video of Lynda Henderson and Veda Meneghetti	
30.	Raelene Ellis	2-4	18-Mar-19	Statement of Raelene Ellis	18-Mar-19
31.	BE	2-9	18-Mar-19	Statement of BE	18-Mar-19
32.	Paul Sadler	2-12	18-Mar-19	Statement of Paul Sadler	18-Mar-19
33.	Josef Rack	2-15	19-Mar-19	Statement of Josef Rack	19-Mar-19
34.	Caroline Ford	2-23	19-Mar-19	Statement signed by David Moran and Caroline Ford on behalf of Southern Cross Care	19-Mar-19
35.	David Moran	2-23	19-Mar-19	Statement signed by David Moran and Caroline Ford on behalf of Southern Cross Care	19-Mar-19
36.	Clare Hargreaves	2-25	19-Mar-19	Statement of Clare Hargreaves	19-Mar-19
37.	Sally Warren	2-26	19-Mar-19	Statement of Sally Warren	19-Mar-19
38.	Heather Jackson	2-27	19-Mar-19	Statement of Heather Jackson	19-Mar-19
39.	Anna Hansen	2-28	19-Mar-19	Statement of Anna Hansen	19-Mar-19
40.	Rosemary Dale	2-29	19-Mar-19	Statement of Rosemary Dale	19-Mar-19
41.	Gregory Holmes	n/a	19-Mar-19	n/a	19-Mar-19
42.	BC	2-33	20-Mar-19	Statement of BC	20-Mar-19
43.	Marie Dowling	2-34	20-Mar-19	Statement of Marie Dowling	20-Mar-19
44.	BA	2-36	20-Mar-19	Statement of BA	20-Mar-19
45.	Mary Patetsos	2-37	20-Mar-19	Statement of Mary Patetsos	20-Mar-19
46.	Ruth Harris	2-76	21-Mar-19	Statement of Ruth Harris	21-Mar-19
47.	Graeme Barden	2-78	21-Mar-19	Statement of Graeme Barden	21-Mar-19
48.	Rita Kersnovske	2-80	21-Mar-19	Statement of Rita Kersnovske	21-Mar-19
49.	Dr Lisa Studdert	n/a	21-Mar-19	n/a	21-Mar-19
50.	Anthony Speed	n/a	21-Mar-19	n/a	21-Mar-19

Witness		Exhibit Number	Date Tendered	Title	Oral Evidence Given
51.	Prof Hjalmar Swerissen	2-86	21-Mar-19	Statement of Hjalmar Swerissen	21-Mar-19
52.	Fiona Buffinton	2-89	22-Mar-19	Statement of Fiona Buffinton	22-Mar-19

Sydney Hearing 1

Witness		Exhibit Number	Date Tendered	Title	Oral Evidence Given
53.	Merle Mitchell AM	3-1	6-May-19	Statement of Merle Mitchell	6-May-19
54.	Darryl Melchhart	3-3	6-May-19	Statement of Darryl Melchhart	6-May-19
55.	George Akl	3-4	6-May-19	Statement of George Akl	6-May-19
56.	Eresha Dassanayake	3-6	6-May-19	Statement of Eresha Dassanayake	6-May-19
57.	Lillian Reeves	3-8	6-May-19	Statement of Lillian Reeves	6-May-19
58.	Michelle McCulla	3-9	7-May-19	Statement of Michelle McCulla	7-May-19
59.	Natalie Smith	3-10	7-May-19	Statement of Natalie Smith	7-May-19
		3-11	7-May-19	Supplementary statement of Natalie Smith	
60.	Jayanthi Kannan	3-12	7-May-19	Statement of Jayanthi Kannan	7-May-19
61.	Dr Miles Burkitt	3-13	7-May-19	Statement of Miles Burkitt	7-May-19
62.	Dr Kenneth Wong	3-14	7-May-19	Statement of Kenneth Wong	7-May-19
63.	Kee Lau	3-15	7-May-19	Statement of Kee Lau	7-May-19
64.	DM	3-20	8-May-19	Statement of DM	8-May-19
65.	DL	3-21	8-May-19	Statement of DL	8-May-19
66.	Richard Farmilo	3-22	8-May-19	Statement of Richard Farmilo	8-May-19
		3-23	8-May-19	Supplementary statement of Richard Farmilo	
		3-83	17-May-19	Second supplementary statement of Richard Farmilo	
67.	Cheryl Lee	3-26	8-May-19	Statement of Cheryl Lee	8-May-19
68.	Dr Margaret Ginger	3-27	8-May-19	Statement of Margaret Ginger	8-May-19
69.	Kathryn Nobes	3-28	8-May-19	Statement of Kathryn Nobes	8-May-19
70.	DF	3-32	8-May-19	Statement of DF	8-May-19
71.	Marian Anderson	3-33	8-May-19	Statement of Marian Anderson	8-May-19
72.	DI	3-35	13-May-19	Statement of DI	13-May-19
73.	DJ	3-36	13-May-19	Statement of DJ	13-May-19
74.	Maureen Berry	3-38	13-May-19	Statement of Maureen Berry	13-May-19
75.	Glenn Rees	3-40	13-May-19	Statement of Glenn Rees	13-May-19

Witness		Exhibit Number	Date Tendered	Title	Oral Evidence Given
76.	Amy Tinley	3-44	13-May-19	Statement of Amy Tinley	13-May-19
77.	Tamar Krebs	3-45	14-May-19	Statement of Tamar Krebs	14-May-19
78.	Jonathan Gavshon	n/a	n/a	n/a	14-May-19
79.	Jennifer Lawrence	3-46	14-May-19	Statement of Jennifer Lawrence	14-May-19
80.	Lucille O'Flaherty	3-47	14-May-19	Statement of Lucille O'Flaherty	14-May-19
81.	Prof Constance Pond	3-48	14-May-19	Statement of Constance Pond	14-May-19
82.	Prof Elizabeth Beattie	3-49	14-May-19	Statement of Elizabeth Beattie	14-May-19
		3-50		Supplementary statement of Elizabeth Beattie	14-May-19
83.	Dr Peter Foltyn	3-51	14-May-19	Statement of Peter Foltyn	14-May-19
84.	Assoc Prof Lynette Goldberg	3-52	14-May-19	Statement of Lynette Goldberg	14-May-19
85.	Prof Brendan Murphy	3-55	14-May-19	Statement of Brendan Murphy	14-May-19
86.	Elizabeth	3-57	15-May-19	Statement of Elizabeth	15-May-19
87.	Margaret Bain	3-58	15-May-19	Statement of Margaret Bain	15-May-19
88.	Susan Walton	3-59	15-May-19	Statement of Susan Walton	15-May-19
89.	Suzanne Wilson	3-60	15-May-19	Statement of Suzanne Wilson	15-May-19
90.	Dr Juanita Breen (formerly Westbury)	3-61	15-May-19	Statement of Juanita Westbury	15-May-19
91.	Assoc Prof Stephen Macfarlane	3-68	15-May-19	Statement of Stephen Macfarlane	15-May-19
92.	Prof Joseph Ibrahim	3-70	16-May-19	Statement of Joseph Ibrahim	16-May-19
93.	Christina Bolger	3-75	16-May-19	Statement of Christina Bolger	16-May-19
94.	Amy Laffan	3-78	16-May-19	Statement of Amy Laffan	16-May-19
95.	Josephine Mond	3-79	16-May-19	Statement of Josephine Mond	16-May-19
96.	Prof Henry Brodaty AO	3-80	17-May-19	Statement of Henry Brodaty	17-May-19
97.	Trevor Crosby	3-82	17-May-19	Statement of Trevor Crosby	17-May-19
98.	Kate Swaffer	3-84	17-May-19	Statement of Kate Swaffer	17-May-19

Broome Hearing

Witness	Exhibit Number	Date Tendered	Title	Oral Evidence Given
99. Madeleine Jadai	n/a	n/a	n/a	17-Jun-19
100. Faye Dean	4-2	17-Jun-19	Statement of Faye Dean	17-Jun-19
101. Ryan Hammond	n/a	n/a	n/a	17-Jun-19
102. Yvonne Grosser	4-3	17-Jun-19	Statement of Yvonne Grosser	17-Jun-19
103. Craig Barke	4-4	17-Jun-19	Statement of Craig Barke	17-Jun-19
104. Tamra Bridges	4-5	17-Jun-19	Statement of Tamra Bridges	17-Jun-19
105. Prof Leon Flicker AO	4-6	17-Jun-19	Statement of Leon Flicker	17-Jun-19
106. Dr Martin Laverty	4-7	18-Jun-19	Statement of Martin Laverty	18-Jun-19
107. Graham Aitken	4-8	18-Jun-19	Statement of Graham Aitken	18-Jun-19
108. Ruth Crawford	4-9	18-Jun-19	Statement of Ruth Crawford	18-Jun-19
109. Belinda Robinson	4-10	18-Jun-19	Statement of Belinda Robinson	18-Jun-19
110. Rejane Le Grange	4-11	18-Jun-19	Statement of Rejane Le Grange	18-Jun-19
111. Dr Michael Preece	4-12	18-Jun-19	Statement of Michael Preece	18-Jun-19
112. Dr Kate Fox	4-13	19-Jun-19	Statement of Kate Fox	19-Jun-19
	4-14		Second statement of Kate Fox	
113. Roslyn Malay	4-15	19-Jun-19	Statement of Roslyn Malay	19-Jun-19
114. Venessa Curnow	4-16	19-Jun-19	Statement of Venessa Curnow	19-Jun-19

Perth Hearing

Witness	Exhibit Number	Date Tendered	Title	Oral Evidence Given
115. Noleen Hausler	5-9	24-Jun-19	Statement of Noleen Hausler	24-Jun-19
116. Rachel Musico	5-10	24-Jun-19	Statement of Rachel Musico	24-Jun-19
117. Diane Jones	5-11	24-Jun-19	Statement of Diane Jones	24-Jun-19
118. Julie Reed	5-12	24-Jun-19	Statement of Julie Reed	24-Jun-19
				25-Jun-19
119. Mark Sudholz	5-13	25-Jun-19	Statement of Mark Sudholz	25-Jun-19
120. Jason Burton	5-14	25-Jun-19	Statement of Jason Burton	25-Jun-19
121. EA	5-15	25-Jun-19	Statement of EA	25-Jun-19
122. Chris Mamarelis	n/a	n/a	n/a	25-Jun-19
123. Carolyn Jubb	5-16	25-Jun-19	Statement of Carolyn Jubb	25-Jun-19
124. Kevin Chester	5-17	25-Jun-19	Statement of Kevin Chester	25-Jun-19
125. Kate Rice	5-18	25-Jun-19	Statement of Kate Rice	25-Jun-19

Witness	Exhibit Number	Date Tendered	Title	Oral Evidence Given
126. Bryan Lipmann AM	5-19	25-Jun-19	Statement of Bryan Lipmann	25-Jun-19
127. Anthony O'Donnell	5-1	30-May-19	Statement of Anthony O'Donnell	25-Jun-19
	5-20		Video: Examination of Anthony O'Donnell	25-Jun-19
128. Stuart Woodley	5-21	26-Jun-19	Statement of Stuart Woodley	26-Jun-19
129. Gaye Whitford	5-22	26-Jun-19	Statement of Gaye Whitford	26-Jun-19
130. Emma-Kaitlin Murphy	5-23	26-Jun-19	Statement of Emma-Kaitlin Murphy	26-Jun-19
131. Anna Urwin	5-24	26-Jun-19	Statement of Anna Urwin	26-Jun-19
132. Patti Houston	5-25	26-Jun-19	Statement of Patti Houston	26-Jun-19
133. Hon Dr Kay Patterson AO	5-26	26-Jun-19	Statement of Kay Patterson	26-Jun-19
134. Dale Fisher	5-27	26-Jun-19	Statement of Dale Fisher	26-Jun-19
135. Matthew Moore	5-28	26-Jun-19	Statement of Matthew Moore	26-Jun-19
136. Dr John Rungie	5-29	26-Jun-19	Statement of John Rungie	26-Jun-19
137. Dr Craig Sinclair	5-30	26-Jun-19	Statement of Craig Sinclair	26-Jun-19
138. Shannon Ruddock	5-32	27-Jun-19	Statement of Shannon Ruddock	27-Jun-19
139. Joshua Cohen	5-33	27-Jun-19	Statement of Joshua Cohen	27-Jun-19
	5-34	27-Jun-19	Statement of Joshua Cohen	
140. John Leong	5-35	27-Jun-19	Second statement of John Leong	27-Jun-19
	5-36	27-Jun-19	Statement of John Leong	
141. Prof Jennifer Tieman	5-37	27-Jun-19	Statement of Jennifer Tieman	27-Jun-19
142. Dr Jane Fischer	5-38	27-Jun-19	Statement of Jane Fischer	27-Jun-19
143. Dr Elizabeth Reymond	5-39	27-Jun-19	Statement of Elizabeth Reymond	27-Jun-19
144. Dr Lisa Trigg	5-40	28-Jun-19	Statement of Lisa Trigg	28-Jun-19

Darwin and Cairns Hearing

Witness	Exhibit Number	Date Tendered	Title	Oral Evidence Given
145. Dr Meredith Hansen-Knarhoi	6-2	8-Jul-19	Statement of Meredith Hansen-Knarhoi	8-Jul-19
146. [redacted]	n/a	n/a	n/a	8-Jul-19
147. Sarah Brown	6-3	8-Jul-19	Statement of Sarah Brown	8-Jul-19
148. Kim McRae	6-4	8-Jul-19	Statement of Kim McRae	8-Jul-19
149. Donna Ah Chee	6-5	8-Jul-19	Statement of Donna Ah Chee concurred in by Dr Boffa	8-Jul-19

Witness	Exhibit Number	Date Tendered	Title	Oral Evidence Given
150. Dr John Boffa	6-5	8-Jul-19	Statement of Donna Ah Chee concurred in by Dr Boffa	8-Jul-19
151. Olga Havnen	6-6	8-Jul-19	Statement of Olga Havnen concurred in by Dr Giles	8-Jul-19
152. Dr Sarah Giles	6-6	8-Jul-19	Statement of Olga Havnen concurred in by Dr Giles	8-Jul-19
153. Michelle McKay	6-7	8-Jul-19	Statement of Michelle McKay	8-Jul-19
154. Lyndall Fowler	6-9	9-Jul-19	Statement of Lyndall Fowler as amended	9-Jul-19
	6-10	9-Jul-19	Statement of Lyndall Fowler	
155. Kristy Taylor	6-11	9-Jul-19	Statement of Kristy Taylor as amended	9-Jul-19
156. Sophoronia (Nia) Briguglio	6-12	9-Jul-19	Statement of Sophoronia Briguglio	9-Jul-19
157. Anamaria (Anna) Ng	6-15	10-Jul-19	Statement of Anamaria Ng	10-Jul-19
158. Dr Eric Tay	6-16	10-Jul-19	Statement of Eric Tay	10-Jul-19
159. Paul Cohen	6-17	10-Jul-19	Statement of Paul Cohen as amended	10-Jul-19
	6-18	10-Jul-19	Supplementary statement of Paul Cohen	10-Jul-19
160. Donato (Don) Smarrelli	6-19	10-Jul-19	Statement of Donato Smarrelli	10-Jul-19
161. Lisa Backhouse	6-20	11-Jul-19	Statement of Lisa Backhouse	11-Jul-19
162. Assoc Prof Peter Gonski	6-21	11-Jul-19	Statement of Peter Gonski	11-Jul-19
163. Prof Johanna Westbrook	6-22	11-Jul-19	Statement of Johanna Westbrook	11-Jul-19
	6-23	11-Jul-19	Supplementary statement of Johanna Westbrook	11-Jul-19
164. Prof Michael Murray AM	6-24	11-Jul-19	Statement of Michael Murray as amended	11-Jul-19
165. Dr Joan Ostanszkiewicz	6-25	11-Jul-19	First statement of Joan Ostaszkiewicz	11-Jul-19
	6-26	11-Jul-19	Second statement of Joan Ostaszkiewicz	11-Jul-19
	6-27	11-Jul-19	Corrigendum of Joan Ostaszkiewicz	11-Jul-19
166. Catherine Sharp	6-28	11-Jul-19	Statement of Catherine Sharp	11-Jul-19
167. Sally Hopkins	6-29	11-Jul-19	Statement of Sally Hopkins	11-Jul-19
168. Prof Geoffrey Sussman	6-30	11-Jul-19	Statement of Geoffrey Sussman and Hayley Ryan	11-Jul-19

Witness	Exhibit Number	Date Tendered	Title	Oral Evidence Given
169. Hayley Ryan	6-30	11-Jul-19	Statement of Geoffrey Sussman and Hayley Ryan	11-Jul-19
170. Jo-Ann Lovegrove	6-31	12-Jul-19	Statement of Jo-Ann Lovegrove	12-Jul-19
171. Dr Janet Sluggett	6-32	12-Jul-19	Statement of Janet Sluggett	12-Jul-19
172. Catherine Maloney	6-33	12-Jul-19	Statement of Catherine Maloney	12-Jul-19
173. Sharai Johnson	6-34	12-Jul-19	Statement of Larrakia Nation Aboriginal Corporation	12-Jul-19
174. Michelle McCall	6-34	12-Jul-19	Statement of Larrakia Nation Aboriginal Corporation	12-Jul-19
175. Anna Morgan	6-34	12-Jul-19	Statement of Larrakia Nation Aboriginal Corporation	12-Jul-19
176. Johanna Aalberts-Henderson	6-36	15-Jul-19	Statement of Johanna Aalberts-Henderson	15-Jul-19
177. Robert Van Duuren	6-37	15-Jul-19	Statement of Robert Van Duuren	15-Jul-19
	6-38	15-Jul-19	Supplementary statement of Robert Van Duuren	
178. Jan Rice	6-39	15-Jul-19	Statement of Jan Rice	15-Jul-19
	6-40	15-Jul-19	Additional statement of Jan Rice	
179. Petronella Neeleman	6-41	15-Jul-19	Statement of Petronella Neeleman	15-Jul-19
	6-42	15-Jul-19	Supplementary statement of Petronella Neeleman	15-Jul-19
180. Nicholas Hall	6-43	16-Jul-19	Statement of Nicholas Hall	16-Jul-19
181. Timothy Deverell	6-44	16-Jul-19	Statement of Timothy Deverell	16-Jul-19
182. Lindy Twyford	6-45	16-Jul-19	Statement of Lindy Twyford	16-Jul-19
183. Maggie Beer AM	6-46	16-Jul-19	Statement of Maggie Beer	16-Jul-19
184. Dr Sandra Iuliano	6-47	16-Jul-19	Statement of Sandra Iuliano	16-Jul-19
		16-Jul-19	Corrigendum to statement of Sandra Iuliano	
185. Robert Hunt	6-48	16-Jul-19	Statement of Robert Hunt and Sharon Lawrence on behalf of the Dietitians Association of Australia	16-Jul-19
186. Sharon Lawrence	6-48	16-Jul-19	Statement of Robert Hunt and Sharon Lawrence on behalf of the Dietitians Association of Australia	16-Jul-19
187. Adrienne Lewis	6-49	16-Jul-19	Statement of Adrienne Lewis	16-Jul-19
188. Dr Frances Batchelor	6-50	16-Jul-19	Statement of Frances Batchelor	16-Jul-19
189. Elsie Scott	6-51	17-Jul-19	Statement of Elsie Scott	17-Jul-19

Witness	Exhibit Number	Date Tendered	Title	Oral Evidence Given
190. Lisa Jones	6-52	17-Jul-19	Statement of Lisa Jones	17-Jul-19
191. Natasha Chadwick	6-53	17-Jul-19	Statement of Natasha Chadwick	17-Jul-19
192. FA	6-54	17-Jul-19	Statement of FA	17-Jul-19
193. Sandy Green	6-55	17-Jul-19	Statement of Sandy Green	17-Jul-19
194. Angela Raguz	6-56	17-Jul-19	Statement of Angela Raguz	17-Jul-19
195. Dr Drew Dwyer	6-57	17-Jul-19	Statement of Drew Dwyer	17-Jul-19
196. Dr Jennifer Abbey	6-58	17-Jul-19	Statement of Jennifer Abbey	17-Jul-19

Mildura Hearing

Witness	Exhibit Number	Date Tendered	Title	Oral Evidence Given
197. Elaine Gregory	7-2	29-Jul-19	Statement of Elaine Gregory	29-Jul-19
198. Dorothy Holt	7-3	29-Jul-19	Statement of Dorothy Holt	29-Jul-19
199. Rosemary Cameron	7-4	29-Jul-19	Statement of Rosemary Cameron	29-Jul-19
200. Joan Rosenthal	7-5	29-Jul-19	Statement of Joan Rosenthal	29-Jul-19
201. Barbara McPhee	7-6	29-Jul-19	Statement of Barbara McPhee	29-Jul-19
202. Shontia Saluja-Honeysett	7-7	29-Jul-19	Statement of Shontia Saluja-Honeysett	29-Jul-19
203. Lynette Bishop	7-8	29-Jul-19	Statement of Lynette Bishop	29-Jul-19
204. Donald Laity	7-9	30-Jul-19	Statement of Donald Laity	30-Jul-19
205. Bonney Dietrich	7-10	30-Jul-19	Statement of Bonney Dietrich and its identified annexures	30-Jul-19
206. Nicole Dunn	7-11	30-Jul-19	Amended statement of Nicole Dunn	30-Jul-19
207. Dr Catherine Thomson	7-12	30-Jul-19	Joint paper of Catherine Thomson, Trish Hill and Myra Hamilton	30-Jul-19
208. Meredith Gresham	7-13	30-Jul-19	Statement of Meredith Gresham	30-Jul-19
209. Dr Lyn Phillipson	7-14	30-Jul-19	Statement of Lyn Phillipson	30-Jul-19
210. Assoc Prof Suzanne Hodgkin	7-15	30-Jul-19	Statement of Suzanne Hodgkin	30-Jul-19
211. Kay Gray	7-16	31-Jul-19	Statement of Kay Gray	31-Jul-19
212. Danijela Hlis	7-17	31-Jul-19	Statement of Danijela Hlis	31-Jul-19
213. Darren Midgley	7-18	31-Jul-19	Statement of Darren Midgley	31-Jul-19
214. Maree Woodhouse	7-19	31-Jul-19	Statement of Maree Woodhouse	31-Jul-19

Witness	Exhibit Number	Date Tendered	Title	Oral Evidence Given
215. Xenofon Voukelatos	7-20	31-Jul-19	Statement of Xenofon Voukelatos	31-Jul-19
216. Jennifer Garonne	7-21	31-Jul-19	Statement of Jennifer Garonne	31-Jul-19
217. Fiona Buffinton	7-22	31-Jul-19	Statement of Fiona Buffinton	31-Jul-19
218. Nigel Murray	7-23	31-Jul-19	Statement of Nigel Murray	31-Jul-19
219. George Sotiropoulos (appeared in place of Emma McGuirk)	7-24	31-Jul-20	Statement of Emma McGuirk	31-Jul-20
	7-25		Supplementary statement of Emma McGuirk	31-Jul-20

Brisbane Hearing

Witness	Exhibit Number	Date Tendered	Title	Oral Evidence Given
220. Cary Strong	8-2	5-Aug-19	Statement of Cary Strong	5-Aug-19
221. Karen Parsons	8-3	5-Aug-19	Statement of Karen Parsons	5-Aug-19
222. Telecia Tuccori	8-4	5-Aug-19	Statement of Telecia Tuccori	5-Aug-19
223. Karen Heard	8-5	5-Aug-19	Statement of Karen Heard	5-Aug-19
	8-6		Supplementary statement of Karen Heard	
224. Bruce Lang	8-9	5-Aug-19	Statement of Bruce Lang	5-Aug-19
225. Arthur Miller	8-10	5-Aug-19	Statement of Arthur Miller	5-Aug-19
226. Kristofer Bunker	8-11	5-Aug-19	Statement of Kristofer Bunker	5-Aug-19
227. Tracey Rees	n/a	n/a	n/a	5-Aug-19
228. Petronella Neeleman	8-15	6-Jul-19	Statement of Petronella Neeleman	6-Aug-19
229. Judith Coombe	8-16	6-Jul-19	Statement of Judith Coombe	6-Aug-19
230. Catherine Rosenbrock	8-17	6-Jul-19	Statement of Catherine Rosenbrock	6-Aug-19
	8-18	6-Jul-19	Supplementary statement of Catherine Rosenbrock	
231. Gilda D'Rozario	8-19	6-Jul-19	Statement of Gilda D'Rozario	6-Augl-19
232. Susan Waters	8-20	6-Jul-19	Statement of Susan Waters	6-Aug-19
233. Colette Marshall	8-21	6-Jul-19	Statement of Colette Marshall	6-Aug-19
	8-21		Corrigendum to statement of Colette Marshall	
234. Elsy Brammesan	8-22	6-Jul-19	Statement of Elsy Brammesan	6-Aug-19
235. Peter O'Brien	n/a	n/a	n/a	6-Aug-19
				7-Aug-19
236. Gwenda Darling	8-24	7-Aug-19	Statement of Gwenda Darling	7-Aug-19

Witness	Exhibit Number	Date Tendered	Title	Oral Evidence Given
237. Anthony Speed	8-25	7-Aug-19	Statement of Anthony Speed	5-Aug-19
	8-26		Second statement of Anthony Speed	7-Aug-19
238. Sarah Holland-Batt	8-28	7-Aug-19	Statement of Sarah Holland-Batt	7-Aug-19
239. Prof Ron Paterson	8-29	7-Aug-19	Precis of the evidence of Ron Paterson	7-Aug-19
240. Ann Wunsch	8-30	8-Aug-19	Statement of Ann Wunsch	8-Aug-19
241. Amy Laffan	8-31	8-Aug-19	Statement of Amy Laffan	8-Aug-19
	8-32		Statement of Amy Laffan	
242. Commissioner Graeme Head	8-34	8-Aug-19	Statement of Graeme Head	8-Aug-19
243. Beverley Johnson	8-36	8-Aug-19	Statement of Beverley Johnson	8-Aug-19
244. Geoffrey Rowe	8-37	8-Aug-19	Statement of Geoffrey Rowe	8-Aug-19
245. Natalie Siegel-Brown	8-38	8-Aug-19	Statement of Public Guardian	8-Aug-19
246. Debra Barnes	8-39	9-Aug-19	Statement of Debra Barnes	9-Aug-19
247. Shona Reid	8-40	9-Aug-19	Statement of Shona Reid	9-Aug-19
248. Prof Deborah Picone	8-41	9-Aug-19	Statement of Deborah Picone	9-Aug-19
249. Prof John Braithwaite	8-44	9-Aug-19	Answers to questions posed by the Commission to John Braithwaite, Valerie Braithwaite and Toni Makkai	9-Aug-19
250. Prof Valerie Braithwaite	8-44	9-Aug-19	Answers to questions posed by the Commission to John Braithwaite, Valerie Braithwaite and Toni Makkai	9-Aug-19

Melbourne 1 Hearing

Witness	Exhibit Number	Date Tendered	Title	Oral Evidence Given
251. Jodie Chard	9-2	9-Sep-19	Statement of Jodie Chard	9-Sep-19
252. Lisa Corcoran	9-3	9-Sep-19	Statement of Lisa Corcoran	9-Sep-19
253. Catherine Roche	9-4	9-Sep-19	Statement of Catherine Roche	9-Sep-19
254. Jessica Dodds	9-5	9-Sep-19	Statement of Jessica Dodds	9-Sep-19
255. Dr Nicholas Hartland PSM	9-6	9-Sep-19	Statement of Nicholas Hartland	9-Sep-19
				10-Sep-19
256. Michael Lye	9-1, tab 2	9-Sep-19	Department of Social Services Response to NTG356	10-Sep-19
257. Neale Radley	9-8	10-Sep-19	Statement of Neale Radley	10-Sep-19

Witness	Exhibit Number	Date Tendered	Title	Oral Evidence Given
258. Robyn Spicer	9-9	10-Sep-19	Statement of Robyn Spicer	10-Sep-19
259. Chris Carlile	n/a	n/a	n/a	10-Sep-19
260. Scott McNaughton	n/a	n/a	n/a	10-Sep-19
261. Peter Broadhead	n/a	n/a	n/a	10-Sep-19
262. Vicki Rundle	9-10	11-Sep-19	Statement of Vicki Rundle	11-Sep-19
263. Kirby Littley	9-11	11-Sep-19	Statement of Kirby Littley	11-Sep-19
264. Carol Littley	9-12	11-Sep-19	Statement of Carol Littley and Kevin Littley	11-Sep-19
265. Kevin Littley	9-12	11-Sep-19	Statement of Carol Littley and Kevin Littley	11-Sep-19
266. Mario Amato	9-13	11-Sep-19	Statement of Mario Amato	11-Sep-19
267. Suzanne Lulham	9-14	11-Sep-19	Statement of Suzanne Lulham	11-Sep-19
268. Deborah Hoffman	9-15	11-Sep-19	Statement of Deborah Hoffman	11-Sep-19
269. Liz Cairns	9-16	11-Sep-19	Statement of Liz Cairns	11-Sep-19
270. Tamara Tomic	9-17	11-Sep-19	Statement of Tamara Tomic	11-Sep-19
271. Dr Ben Gauntlett	n/a	n/a	n/a	11-Sep-19
272. James Nutt	9-18	11-Sep-19	Statement of James Nutt	11-Sep-19
273. Dr Bronwyn Morkham	9-19	13-Sep-19	Statement of Bronwyn Morkham	13-Sep-19
274. Luke Bo'sher	9-20	13-Sep-19	Statement of Luke Bo'sher	13-Sep-19
275. Shane Jamieson	9-21	13-Sep-19	Statement of Shane Jamieson	13-Sep-19
276. Kym Peake	9-22	13-Sep-19	Statement of Kym Peake	13-Sep-19

Melbourne 2 Hearing

Witness	Exhibit Number	Date Tendered	Title	Oral Evidence Given
277. Angelos Angeli	10-2	7-Oct-19	Statement of Angelos Angeli	7-Oct-19
278. Samantha Edmonds	10-3	7-Oct-19	Statement of Samantha Edmonds	7-Oct-19
279. Mary Patetsos	10-4	7-Oct-19	Statement of Mary Patetsos	7-Oct-19
280. Noeleen Tunny	10-5	7-Oct-19	Statement of Noeleen Tunny	7-Oct-19
281. Samantha Jewell	10-6	7-Oct-19	Statement of Samantha Jewell	7-Oct-19
282. Fiona York	10-7	7-Oct-19	Statement of Fiona York	7-Oct-19
283. Brian Lynch	10-8	8-Oct-19	Statement of Brian Lynch	8-Oct-19
284. Nathan Klinge	10-9	8-Oct-19	Statement of Nathan Klinge	8-Oct-19
285. Helen Radoslovich	10-10	8-Oct-19	Statement of Helen Radoslovich	8-Oct-19

Witness	Exhibit Number	Date Tendered	Title	Oral Evidence Given
286. Anne Tudor	10-11	8-Oct-19	Statement of Anne Tudor	8-Oct-19
	10-12		Supplementary statement of Anne Tudor	
287. Elizabeth Cosson AM CSG	10-13	8-Oct-19	Statement of Elizabeth Cosson	8-Oct-19
288. Janette McGuire	10-14	8-Oct-19	Statement of Janette McGuire	8-Oct-19
289. Dr Duncan McKellar	10-15	8-Oct-19	Statement of Duncan McKellar	8-Oct-19
290. Jaye Smith	10-17	9-Oct-19	Statement of Jaye Smith	9-Oct-19
291. Heather Brown	10-18	9-Oct-19	Statement of Heather Brown	9-Oct-19
292. Dr Nicholas Hartland PSM	10-19	9-Oct-19	Statement of Nicholas Hartland	9-Oct-19
293. Malloy	10-20	10-Oct-19	Statement of Malloy	10-Oct-19
294. Ann Wunsch	10-21	10-Oct-19	Statement of Ann Wunsch	10-Oct-19
295. Dr Philip O'Meara	10-22	10-Oct-19	Statement of Philip O'Meara	10-Oct-19
296. Elizabeth Drozd	10-23	10-Oct-19	Statement of Elizabeth Drozd	10-Oct-19
297. Dr David Panter	10-24	10-Oct-19	Statement of David Panter	10-Oct-19
298. Catharina Nieuwenhoven	10-25	11-Oct-09	Statement of Catharina Nieuwenhoven	11-Oct-19
299. Moreen Lyons	10-26	11-Oct-19	Statement of Moreen Lyons	11-Oct-19
300. Uncle Brian Campbell	n/a	n/a	n/a	11-Oct-19
301. Uncle Brian Birch	n/a	n/a	n/a	11-Oct-19
302. Jaklina Michael	10-27	11-Oct-19	Statement of Jaklina Michael	11-Oct-19
303. Elizabeth Karn	10-28	11-Oct-19	Statement of Elizabeth Karn	11-Oct-19

Melbourne 3 Hearing

Witness	Exhibit Number	Date Tendered	Title	Oral Evidence Given
304. Prof Kathleen Eagar	11-2	14-Oct-19	Statement of Kathleen Eagar	14-Oct-19
305. Prof John Pollaers OAM	11-3	14-Oct-19	Statement of John Pollaers	14-Oct-19
306. Kevin McCoy	11-4	14-Oct-19	Statement of Kevin McCoy	14-Oct-19
307. Jane Trewin	11-5	14-Oct-19	Statement of Jane Trewin	14-Oct-19
308. Robert Bonner	11-6	14-Oct-19	Statement of Robert Bonner	14-Oct-19
309. Michelle Eastman	11-7	14-Oct-19	Statement of Michelle Eastman	14-Oct-19
310. Christine Lynch	n/a	n/a	n/a	15-Oct-19
311. Sandra Nisi	11-10	15-Oct-19	Statement of Sandra Nisi	15-Oct-19

Witness	Exhibit Number	Date Tendered	Title	Oral Evidence Given
312. Yvonne Henderson	11-11	15-Oct-19	Statement of Yvonne Henderson	15-Oct-19
313. Bridget Scarff	11-12	15-Oct-19	Statement of Bridget Scarff	15-Oct-19
314. Fiona van den Berg	11-13	15-Oct-19	Statement of Fiona van den Berg	15-Oct-19
315. Brendan Coulton	11-14	15-Oct-19	Statements of Brendan Coulton	15-Oct-19
316. Craig Holland	11-15	15-Oct-19	Statement of Craig Holland	15-Oct-19
317. Ann Wunsch	11-16	15-Oct-19	Statement of Ann Wunsch	15-Oct-19
318. Darren Mathewson	11-19	16-Oct-19	Statement of Darren Mathewson	16-Oct-19
319. Lisa Alcock	11-20	16-Oct-19	Statement of Lisa Alcock	16-Oct-19
320. Paul Gilbert	11-21	16-Oct-19	Statement of Paul Gilbert	16-Oct-19
321. Clare Tunney	11-22	16-Oct-19	Statement of Clare Tunney	16-Oct-19
322. Jenna Field	11-23	16-Oct-19	Statement of Jenna Field	16-Oct-19
323. Prof Eileen Willis	11-26	16-Oct-19	Statement of Eileen Willis, Julie Henderson and Ian Blackman	16-Oct-19
324. Robert Bonner	11-27	16-Oct-19	Statement of Robert Bonner	16-Oct-19
325. Kym Peake	11-29	16-Oct-19	Statement of Kym Peake	16-Oct-19
	11-29b		Supplementary statement of Kym Peake	
326. Amy Lazzaro	11-51	16-Oct-19	Statement of Amy Lazzaro	16-Oct-19
327. Prof Sara Charlesworth	11-52	16-Oct-19	Statement of Sara Charlesworth	16-Oct-19
			Supplementary statement of Sara Charlesworth	
328. Dianne Mnich	11-54	17-Oct-19	Statement of Dianne Mnich	17-Oct-19
329. Nicole Farrell	11-55	17-Oct-19	Statement of Nicole Farrell	17-Oct-19
	11-56		Statement of Nicole Farrell	
330. Janice Hilton	11-58	17-Oct-19	Statement of Janice Hilton	17-Oct-19
331. Sandra Hills OAM	11-59	17-Oct-19	Statement of Sandra Hills	17-Oct-19
332. Jason Howie	11-60	17-Oct-19	Statement of Jason Howie	17-Oct-19
333. Kerri Rivett	11-61	17-Oct-19	Statement of Kerri Rivett	17-Oct-19
334. Richard Hearn	11-62	17-Oct-19	Statement of Richard Hearn	17-Oct-19
335. Prof James Vickers	11-63	17-Oct-19	Statement of James Vickers	17-Oct-19
336. Rachel Yates	11-64	17-Oct-19	Statement of Rachel Yates	17-Oct-19
337. Adj Prof Kylie Ward	11-65	17-Oct-19	Statement of Kylie Ward	17-Oct-19
338. Dr John Maddison	11-66	17-Oct-19	Statement of John Maddison	17-Oct-19

Witness	Exhibit Number	Date Tendered	Title	Oral Evidence Given
339. Lavina Luboya	11-67	18-Oct-19	Statement of Lavina Luboya	18-Oct-19
340. Karen Cusack	11-68	18-Oct-19	Statements of Karen Cusack	18-Oct-19
341. Andrew Brown	11-69	18-Oct-19	Statement of Andrew Brown	18-Oct-19
342. Shona Reid	11-70	18-Oct-19	Statement of Shona Reid	18-Oct-19
343. Glenys Beauchamp PSM	11-71	18-Oct-19	Statement of Glenys Beauchamp	18-Oct-19
344. Charles Wann	11-72	18-Oct-19	Statement of Charles Wann	18-Oct-19

Mudgee Hearing

Witness	Exhibit Number	Date Tendered	Title	Oral Evidence Given
345. Ruth Hamilton	12-2	4-Nov-19	Statement of Ruth Hamilton	4-Nov-19
346. Allan Codrington	12-7	4-Nov-19	Statement of Allan Codrington	4-Nov-19
347. Tania Sargent	12-8	4-Nov-19	Statement of Tania Sargent	4-Nov-19
348. Prudence Dear	12-9	4-Nov-19	Statement of Prudence Dear	4-Nov-19
349. Phillip Dunlop	12-10	5-Nov-19	Statement of Phillip Dunlop	5-Nov-19
350. Suzanne Dunlop	12-11	5-Nov-19	Statement of Suzanne Dunlop	5-Nov-19
351. Dean Chesterman	12-12	5-Nov-19	Statement of Dean Chesterman	5-Nov-19
352. Jaclyn Attridge	12-14	5-Nov-19	Statement of Jaclyn Attridge	5-Nov-19
353. Helen Miller	12-13	5-Nov-19	Statement of Helen Miller	5-Nov-19
354. Dr Rachel Winterton	12-15	5-Nov-19	Statement of Rachel Winterton	5-Nov-19
355. Lyndon Seys	12-16	5-Nov-19	Statement of Lyndon Seys	5-Nov-19
356. Sally Goode	12-17	5-Nov-19	Statement of Sally Goode	5-Nov-19
357. Susan Hood	12-18	5-Nov-19	Statement of Susan Hood	5-Nov-19
358. Julian Krieg	12-19	6-Nov-19	Statement of Julian Krieg	6-Nov-19
359. Dr Nigel Lyons	12-20	6-Nov-19	Statement of Nigel Lyons	6-Nov-19
360. Sharon-Lee McKay	12-21	6-Nov-19	First statement of Sharon-Lee McKay	6-Nov-19
	12-22	6-Nov-19	Second statement of Sharon-Lee McKay	
361. Margaret Denton	12-23	6-Nov-19	First statement of Margaret Denton	6-Nov-19
	12-24	6-Nov-19	Second statement of Margaret Denton	6-Nov-19
362. Graeme Barden	12-25	6-Nov-19	Statement of Graeme Barden	6-Nov-19
363. David Hallinan	n/a	n/a	n/a	6-Nov-19
364. Peter Harris	12-26	6-Nov-19	Statement of Peter Harris	6-Nov-19

Hobart Hearing

Witness	Exhibit Number	Date Tendered	Title	Oral Evidence Given
365. Helen (Ellie) Valier	13-3	11-Nov-19	Statement of Helen Valier	11-Nov-19
366. Tammy Marshall	13-4	11-Nov-19	Statement of Tammy Marshall	11-Nov-19
367. Jo-Anne Hardy	13-5	11-Nov-19	Statement of Jo-Anne Hardy	11-Nov-19
368. Kylie Bennett	13-6	11-Nov-19	Statement of Kylie Bennett	11-Nov-19
369. Patrick Anderson	13-7	11-Nov-19	Statement of Patrick Anderson	11-Nov-19
370. Mary Sexton	13-8	11-Nov-19	Statement of Mary Sexton	11-Nov-19
371. Ann McDevitt	13-9	11-Nov-19	Statement of Ann McDevitt	11-Nov-19
372. Judith King	13-10	12-Nov-19	Statement of Judith King	12-Nov-19
373. Peter Williams	13-11	12-Nov-19	Statement of Peter Williams	12-Nov-19
374. Helen Marshall	13-12	12-Nov-19	Statement of Helen Marshall	12-Nov-19
375. Andrew George-Gamlyn	13-13	12-Nov-19	Statement of Andrew George-Gamlyn	12-Nov-19
376. Andrew Crane	13-14	12-Nov-19	Statement of Andrew Crane	12-Nov-19
377. Pauline Robson	13-15	12-Nov-19	Statement of Pauline Robson	12-Nov-19
378. Richard Sadek	13-16	12-Nov-19	Statement of Richard Sadek	12-Nov-19
379. Stephen Shirley	13-17	13-Nov-19	Statement of Stephen Shirley	13-Nov-19
380. Raymond Groom	13-18	13-Nov-19	Statement of Raymond Groom	13-Nov-19
381. Patricia Job	13-19	13-Nov-19	Statement of Patricia Job	13-Nov-19
382. Diane Daniels	13-21	13-Nov-19	Statement of Diane Daniels	13-Nov-19
383. Dr Elizabeth Monks	13-22	13-Nov-19	First Statement of Elizabeth Monks	13-Nov-19
	13-23	13-Nov-19	Supplementary statement of Elizabeth Monks	
384. Merridy Eastman	13-24	14-Nov-19	Statement of Merridy Eastman	14-Nov-19
385. Elizabeth Wesols	13-25	14-Nov-19	Statement of Elizabeth Wesols	14-Nov-19
386. Stephanie Hechenberger	13-26	14-Nov-19	Statement of Stephanie Hechenberger	14-Nov-19
	13-27	14-Nov-19	Supplementary statement of Stephanie Hechenberger	
387. Davida Webb	13-28	14-Nov-19	Statement of Davida Webb	14-Nov-19
	13-29		Supplementary statement of Davida Webb	14-Nov-19
388. Linda Hudec	13-30	14-Nov-19	Statement of Linda Hudec	14-Nov-19
389. Tiffany Wiles	13-31	14-Nov-19	Statement of Tiffany Wiles	14-Nov-19
390. Cynthia Payne	13-32	14-Nov-19	Statement of Cynthia Payne	14-Nov-19
391. John Engeler	13-33	14-Nov-19	Statement of John Engeler	14-Nov-19

Witness	Exhibit Number	Date Tendered	Title	Oral Evidence Given
392. Dr Marguerite (Maggie) Haertsch	13-34	14-Nov-19	Statement of Marguerite Haertsch	14-Nov-19
393. UQ	13-35	15-Nov-19	Statement of UQ	15-Nov-19
394. US	13-36	15-Nov-19	Statement of US	15-Nov-19
395. Bethia Wilson AM	13-37	15-Nov-19	Statement of Bethia Wilson	15-Nov-19
396. Dr Penelope Webster	13-37	15-Nov-19	Statement of Bethia Wilson	15-Nov-19
397. Carolyn Cooper	13-38	15-Nov-19	First statement of Carolyn Cooper	15-Nov-19
	13-39		Supplementary Statement of Carolyn Cooper	
398. Catherine Maxwell	13-40	15-Nov-19	Statement of Catherine Maxwell	15-Nov-19

Canberra Hearing

Witness	Exhibit Number	Date Tendered	Title	Oral Evidence Given
399. Rhonda McIntosh	14-3	9-Dec-19	Statement of Rhonda McIntosh	9-Dec-19
400. Kristine Stevens	14-4	9-Dec-19	Statement of Kristine Stevens	9-Dec-19
401. Dr Paresh Dawda	14-5	9-Dec-19	Statement of Paresh Dawda	9-Dec-19
402. Dr Troye Wallett	14-6	9-Dec-19	Statement of Troye Wallett	9-Dec-19
	14-7		Supplementary statement of Troye Wallett	
403. Susan Irvine	14-8	9-Dec-19	Statement of Susan Irvine	9-Dec-19
404. Dr Anthony Bartone	14-9	9-Dec-19	Supplementary statement of Anthony Bartone	9-Dec-19
405. Assoc Prof Mark Morgan	14-10	9-Dec-19	Statement of Mark Morgan	9-Dec-19
406. Jennifer Walton	14-11	10-Dec-19	Statement of Jennifer Walton	10-Dec-19
407. Dr Carolyn Hullick	14-12	10-Dec-19	Statement of Carolyn Hullick and Ellen Burkett	10-Dec-19
408. Dr Ellen Burkett	14-12	10-Dec-19	Statement of Carolyn Hullick and Ellen Burkett	10-Dec-19
409. Dr Terry Nash	14-13	10-Dec-19	Statement of Terry Nash	10-Dec-19
410. Meegan Beecroft	14-14	10-Dec-19	Statement of Meegan Beecroft	10-Dec-19
411. Dr Michael Montalto	14-15	10-Dec-19	Statement of Michael Montalto	10-Dec-19
412. Tess Oxley	14-16	10-Dec-19	Statement of Tess Oxley	10-Dec-19
413. Hamish Macleod	14-17	11-Dec-19	Statement of Hamish Macleod	11-Dec-19
414. Catherine Davis	14-18	11-Dec-19	Statement of Catherine Davis	11-Dec-19

Witness	Exhibit Number	Date Tendered	Title	Oral Evidence Given
415. Thomas Woodage	14-19	11-Dec-19	Statement of Thomas Woodage	11-Dec-19
416. Judith Gardner	14-20	11-Dec-19	Statement of Judith Gardner	11-Dec-19
417. Fiona Lysaught	14-21	11-Dec-19	Statement of Fiona Lysaught	11-Dec-19
418. Nikki (Nicole) Johnston OAM	14-22	11-Dec-19	Statement of Nicole Johnston	11-Dec-19
419. Peter Jenkin	14-23	11-Dec-19	Statement of Peter Jenkin	11-Dec-19
420. Prof Christopher Poulos	14-24	11-Dec-19	Statement of Christopher Poulos	11-Dec-19
421. Prof Leon Flicker	14-25	12-Dec-19	Statement of Leon Flicker	12-Dec-19
422. Prof Leonard Gray	14-26	12-Dec-19	Statement of Leonard Gray	12-Dec-19
423. Dr Nigel Lyons	14-27	12-Dec-19	Statement of Nigel Lyons	12-Dec-19
424. Dr John Wakefield PSM	14-28	12-Dec-19	Statement of John Wakefield	12-Dec-19
425. Dr Andrew Robertson CSC PSM	14-29	12-Dec-19	Response from Western Australia Department of Health	12-Dec-19
426. Christopher McGowan	14-30	12-Dec-19	Statement of Christopher McGowan	12-Dec-19
427. Glenys Beauchamp PSM	14-31	12-Dec-19	Statement of Glenys Beauchamp	12-Dec-19
428. Penny Shakespeare	n/a	n/a	n/a	12-Dec-19
429. Prof Brendan Murphy	n/a	n/a	n/a	12-Dec-19
430. Rhonda Payget	14-32	13-Dec-19	Statement of Rhonda Payget	13-Dec-19
431. Clare Skinner	14-33	13-Dec-19	Statement of Clare Skinner	13-Dec-19
432. Dr Maggie Jamieson	14-35	13-Dec-19	Statement of Maggie Jamieson	13-Dec-19
433. Terry Symonds	14-36	13-Dec-19	Statement of Terry Symonds	13-Dec-19
434. Michael De'Ath	14-37	13-Dec-19	Statement of Michael De'Ath	13-Dec-19
435. Ross Smith (appeared in place of Katherine Morgan-Wicks)	14-34	13 Dec-19	Statement of Katherine Morgan-Wicks	13-Dec-19

Adelaide Workshop 1

Witness	Exhibit Number	Date Tendered	Title	Oral Evidence Given
436. David Tune AO PSM	n/a	n/a	n/a	10-Feb-20
437. Glenn Rees	n/a	n/a	n/a	10-Feb-20
438. Dr Kirsty Nowlan	n/a	n/a	n/a	10-Feb-20
439. Robert Bonner	n/a	n/a	n/a	10-Feb-20 11-Feb-20
440. Patricia Sparrow	n/a	n/a	n/a	10-Feb-20 11-Feb-20
441. Michael Lye	n/a	n/a	n/a	10-Feb-20
442. Prof Michael Woods	n/a	n/a	n/a	10-Feb-20
443. Ian Yates AM	n/a	n/a	n/a	10-Feb-20
444. Prof Mark Morgan	n/a	n/a	n/a	10-Feb-20 11-Feb-20
445. Dr Ricki Smith	n/a	n/a	n/a	10-Feb-20
446. Prof John McCallum	n/a	n/a	n/a	10-Feb-20
447. Prof Michael Fine	n/a	n/a	n/a	10-Feb-20
448. Samantha Edmonds	n/a	n/a	n/a	10-Feb-20
449. Dr Nicholas Hartland PSM	n/a	n/a	n/a	10-Feb-20 11-Feb-20
450. Sean Rooney	n/a	n/a	n/a	10-Feb-20 11-Feb-20
451. Bryan Lipmann AM	n/a	n/a	n/a	10-Feb-20
452. Graham Aitken	n/a	n/a	n/a	10-Feb-20
453. Jane Mussared	n/a	n/a	n/a	10-Feb-20
454. Dr David Panter	n/a	n/a	n/a	10-Feb-20 11-Feb-20
455. Paul Sadler	n/a	n/a	n/a	10-Feb-20
456. Prof Julie Ratcliffe	n/a	n/a	n/a	11-Feb-20
457. Dr Gill Lewin	n/a	n/a	n/a	11-Feb-20
458. Jaye Smith	n/a	n/a	n/a	11-Feb-20
459. Sue Elderton	n/a	n/a	n/a	11-Feb-20
460. Dr Henry Cutler	n/a	n/a	n/a	11-Feb-20
461. Prof Deborah Parker	n/a	n/a	n/a	11-Feb-20
462. Maree McCabe	n/a	n/a	n/a	11-Feb-20
463. Nicholas Mersiades	n/a	n/a	n/a	11-Feb-20
464. Melissa Coad	n/a	n/a	n/a	11-Feb-20

Witness	Exhibit Number	Date Tendered	Title	Oral Evidence Given
465. Annie Butler	n/a	n/a	n/a	11-Feb-20
466. Matthew Richter	n/a	n/a	n/a	11-Feb-20
467. Sandra Hills OAM	n/a	n/a	n/a	11-Feb-20

Adelaide Hearing 3

Witness	Exhibit Number	Date Tendered	Title	Oral Evidence Given
468. Prof Charlene Harrington	15-1	21-Feb-20	Statement of Charlene Harrington	21-Feb-20
469. Dr Katherine Ravenswood	15-2	21-Feb-20	Statement of Katherine Ravenswood	21-Feb-20

Adelaide Hearing 4

Witness	Exhibit Number	Date Tendered	Title	Oral Evidence Given
No witnesses called	n/a	n/a	n/a	n/a

Adelaide Workshop 2

Witness	Exhibit Number	Date Tendered	Title	Oral Evidence Given
470. Denise Griggs	n/a	n/a	n/a	16-Mar-20
471. Damien Harker	n/a	n/a	n/a	16-Mar-20
472. Prof Sue Gordon	n/a	n/a	n/a	16-Mar-20
473. Jennene Buckley	n/a	n/a	n/a	16-Mar-20
474. Dr Tanya Petrovich	n/a	n/a	n/a	16-Mar-20
475. Daniella Greenwood	n/a	n/a	n/a	16-Mar-20
476. Barbara Hamilton Ramsay	n/a	n/a	n/a	16-Mar-20
477. Dr Rob Grenfell	n/a	n/a	n/a	16-Mar-20
478. Louise York	n/a	n/a	n/a	16-Mar-20
479. Assoc Prof Maria Inacio	n/a	n/a	n/a	16-Mar-20
480. Ben Lancken	n/a	n/a	n/a	16-Mar-20
481. Dr Veronique Boscart	n/a	n/a	n/a	17-Mar-20
482. Dr Kate Barnett	n/a	n/a	n/a	17-Mar-20
483. Helen Loffler	n/a	n/a	n/a	17-Mar-20
484. Megan Corlis	n/a	n/a	n/a	17-Mar-20

Witness	Exhibit Number	Date Tendered	Title	Oral Evidence Given
485. Prof James Vickers	n/a	n/a	n/a	17-Mar-20
486. Prof Andrew Robinson	n/a	n/a	n/a	17-Mar-20
487. Prof Steven Wesselingh	n/a	n/a	n/a	17-Mar-20
488. Julianne Parkinson	n/a	n/a	n/a	17-Mar-20
489. Prof Alison Kitson	n/a	n/a	n/a	17-Mar-20
490. Briony Dow	n/a	n/a	n/a	17-Mar-20
491. Adj Prof Judy Lowthian	n/a	n/a	n/a	17-Mar-20

Melbourne Hearing 4

Witness	Exhibit Number	Date Tendered	Title	Oral Evidence Given
492. UX	17-2	15-Jul-20	Statement of UX	15-Jul-20
493. Dr Alison Argo	17-3	15-Jul-20	Statement of Alison Argo	15-Jul-20
494. Dr Diane Corser	17-4	15-Jul-20	Statement of Diane Corser	15-Jul-20
495. Assoc Prof Stephen Macfarlane	17-5	15-Jul-20	Statement of Stephen Macfarlane	15-Jul-20
496. Prof Sunil Bhar	17-6	15-Jul-20	Statement and response to draft propositions of Sunil Bhar	15-Jul-20
497. Mark Silver	17-7	15-Jul-20	Statement and response to draft propositions of Mark Silver	15-Jul-20
498. Dr Leanne Beagley	17-8	15-Jul-20	Statement by Leanne Beagley	15-Jul-20
499. Dr Janet Wallace	17-9	15-Jul-20	Statement of Janet Wallace and response to draft propositions	15-Jul-20
500. Dr Kathleen Matthews	17-11	16-Jul-20	Statement of Kathleen Matthews and response to propositions	16-Jul-20
501. Nicole Stormon	17-10	16-Jul-20	Statement of Nicole Stormon and response to propositions	16-Jul-20
502. Beryl Hawkins	17-12	16-Jul-20	Statement of Beryl Hawkins	16-Jul-20
503. Prof Fredrick Wright	17-13	16-Jul-20	Statement of Fredrick Wright and response to draft propositions	16-Jul-20
504. Dr Martin Dooland	17-14	16-Jul-20	Statement of Martin Dooland and response to draft propositions	16-Jul-20
505. Dr Stephanie Ward	17-15	16-Jul-20	Statement of Stephanie Ward	16-Jul-20

Witness	Exhibit Number	Date Tendered	Title	Oral Evidence Given
506. Dr Jennifer Hewitt	17-16	16-Jul-20	Statement of Jennifer Hewitt and response to propositions	16-Jul-20
507. Angeline Violi	17-18	16-Jul-20	Statement of Angeline Violi	16-Jul-20
508. Nicholas Young	n/a	n/a	n/a	16-Jul-20
509. Lidia Conci	17-17	16-Jul-20	Statement and supplementary statement of Lidia Conci	16-Jul-20
510. Claire Hewat	17-19	16-Jul-20	Responses of Allied Health Professionals Australia	17-Jul-20
511. Prof Esther May	17-20	17-Jul-20	Statement of Esther May	17-Jul-20
512. Allen Candy	17-21	17-Jul-20	Statement of Allen Candy and Life Care response to propositions	17-Jul-20
513. Josephine Boyland-Marsland	17-22	17-Jul-20	Statement of Josephine Boyland-Marsland	17-Jul-20
514. Timothy Henwood	n/a	n/a	n/a	17-Jul-20
515. Dr Nigel Lyons	17-23	17-Jul-20	Response of NSW Ministry of Health	17-Jul-20
516. Dr Christopher McGowan	n/a	n/a	n/a	17-Jul-20
517. Penny Shakespeare	n/a	n/a	n/a	17-Jul-20
518. Tania Rishniw	n/a	n/a	n/a	17-Jul-20

Sydney Hearing 2

Witness	Exhibit Number	Date Tendered	Title	Oral Evidence Given
519. Prof Marie-Louise McLaws	18-4	10-Aug-20	Precis of evidence of Marie-Louise McLaws	10-Aug-20
520. Prof Nicola Spurrier	18-1, tab 69	10-Aug-20	CV of Nicola Spurrier	10-Aug-20
521. Merle Mitchell AM	18-5	10-Aug-20	Statement of Merle Mitchell	10-Aug-20
522. Ross Low	n/a	n/a	n/a	10-Aug-20
523. Melanie Dicks	n/a	n/a	n/a	10-Aug-20
524. Prof Gwendolyn Gilbert	18-6	10-Aug-20	CV of Gwendolyn Gilbert	10-Aug-20
525. UY	18-7	10-Aug-20	Statement of witness identified as UY	10-Aug-20
526. Virginia Clarke	18-8	11-Aug-20	Statement of Virginia Clarke	11-Aug-20
527. Erica Roy	18-12	11-Aug-20	Statement of Erica Roy	11-Aug-20

Witness	Exhibit Number	Date Tendered	Title	Oral Evidence Given
528. Grant Millard	18-10 18-11	11-Aug-20	Statement of Grant Millard Supplementary statement of Grant Millard	11-Aug-20
529. Dr James Branley	18-14	11-Aug-20	Statement of James Branley	11-Aug-20
530. Kathleen Dempsey	18-13	11-Aug-20	CV of Kathy Dempsey	11-Aug-20
531. Jonathan Anderson	18-16, tab 15	11-Aug-20	Learnings from a COVID-19 Outbreak	11-Aug-20
532. Lucy Thompson	18-16, tab 15	11-Aug-20	Learnings from a COVID-19 Outbreak	11-Aug-20
533. Dr Stephen Judd	18-15	11-Aug-20	Statement of Stephen Judd	11-Aug-20
534. Angela Raguz	n/a	n/a	n/a	11-Aug-20
535. Rik Dawson	18-1, tabs 17, 17A	10-Aug-20	Submission by the Australian Physiotherapy Association on the impact of COVID-19 on aged care Supplementary submission by the Australian Physiotherapy Association on the impact of COVID-19 on aged care	11-Aug-20
536. Julie Kelly	n/a	n/a	n/a	11-Aug-20
537. Prof Joseph Ibrahim	18-17	12-Aug-20	Precis of evidence of Joseph Ibrahim	12-Aug-20
538. Dr Nigel Lyons	18-18	12-Aug-20	Statement of Nigel Lyons	12-Aug-20
539. Annie Butler	18-1, tab 18	10-Aug-20	Submission of the Australian Nursing and Midwifery Federation in relation to the Impact of COVID-19 in Aged Care	12-Aug-20
540. Diana Asmar	18-19	12-Aug-20	Statement of Diana Asmar	12-Aug-20
541. Carolyn Smith	18-1, tab 37	10-Aug-20	United Workers Union – Submission on the impact of the Coronavirus (COVID-19) on the aged care sector	12-Aug-20
542. Michael Lye	18-20	12-Aug-20	Statement of Michael Lye	12-Aug-20
543. Commissioner Janet Anderson PSM	18-21	12-Aug-20	Statement of Janet Anderson	12-Aug-20
544. Dr Brendan Murphy	18-23	12-Aug-20	CV of Brendan Murphy	12-Aug-20
545. Dr Melanie Wroth	81-24	n/a	Statement of Melanie Wroth	12-Aug-20

Sydney Hearing 3

Witness	Exhibit Number	Date Tendered	Title	Oral Evidence Given
546. Maria Brenton	19-2	13-Aug-20	Statement of Maria Brenton	13-Aug-20
547. Hedi Argent	n/a	n/a	n/a	13-Aug-20
548. Dr Brendon Radford	n/a	n/a	n/a	14-Aug-20
549. Simon Schrapel AM	19-3	14-Aug-20	Statement of Simon Schrapel	14-Aug-20
550. Peta Harwood	n/a	n/a	n/a	14-Aug-20
551. David Larmour	19-5	14-Aug-20	Statement of David Larmour	14-Aug-20
552. Catherine Humphrey	19-6	14-Aug-20	Statement of Catherine Humphrey	14-Aug-20
553. Michael Lynch	19-7	14-Aug-20	Statement of Michael Lynch	14-Aug-20
554. Robert Pahor	n/a	n/a	n/a	14-Aug-20
555. Adj Prof Stephen Cornelissen	19-8	14-Aug-20	Statement of Stephen Cornelissen	14-Aug-20
556. Frank Weits	19-9	14-Aug-20	Statement of Frank Weits	14-Aug-20

Sydney Hearing 4

Witness	Exhibit Number	Date Tendered	Title	Oral Evidence Given
557. Rodney Foreman	20-2	31-Aug-20	Statement of Rodney and Rosalie Foreman, video and transcript of video recording	31-Aug-20
558. Rosalie Foreman	20-2	31-Aug-20	Statement of Rodney and Rosalie Foreman, video and transcript of video recording	31-Aug-20
559. Brian Corley	20-1, tab 72	31-Aug-20	Statement of Brian Corley	31-Aug-20
560. Ahilan St George	20-1, tab 93	31-Aug-20	Submission of Ahilan St George	31-Aug-20
561. Sharyn Broer	20-1, tab 70	31-Aug-20	Meals on Wheels response to draft home care propositions	31-Aug-20
562. Jaclyn Attridge	20-1, tab 71	31-Aug-20	Uniting Care response to draft home care propositions	31-Aug-20
563. Fonda Voukelatos	20-1, tab 71	31-Aug-20	Uniting Care response to draft home care propositions	31-Aug-20
564. Jessica Timmins	n/a	n/a	n/a	31-Aug-20
565. Peter Scutt	20-1, tab 47	31-Aug-20	Mable reponse to home care propositions	31-Aug-20
566. Prof Jos Schols	n/a	n/a	n/a	31-Aug-20

Witness	Exhibit Number	Date Tendered	Title	Oral Evidence Given
567. Rosemary Milkins PSM	20-3	31-Aug-20	Statement of Rosemary Milkins, video recording and transcript of video recording	1-Sep-20
568. Assoc Prof Gillian Caughey	n/a	n/a	n/a	1-Sep-20
569. Commissioner Robert Fitzgerald AM	20-1, tab 73	31-Aug-20	Statement of Robert Fitzgerald and Kathryn McKenzie, NSW Ageing and Disability Commission	1-Sep-20
570. Kathryn Mckenzie	20-1, tab 73	31-Aug-20	Statement of Robert Fitzgerald and Kathryn McKenzie, NSW Ageing and Disability Commission	1-Sep-20
571. Dr Fiona Macdonald	20-1, tab 48	31-Aug-20	Response to draft home care propositions	1-Sep-20
572. Prof Andrew Stewart	20-1, tab 36	31-Aug-20	Statement of Andrew Stewart	1-Sep-20
573. Dr Jim Stanford	n/a	n/a		1-Sep-20
574. Eileen Kramer	20-1, tabs 89, 91, 92	31-Aug-20	Statement of Eileen Kramer Video interview of Eileen Kramer and Maggie Haertsch Transcript of video interview Eileen Kramer and Maggie Haertsch	1-Sep-20
575. Dr Marguerite (Maggie) Haertsch	20-1, tabs 90, 91, 92	31-Aug-20	Statement of Maggie Haertsch Video interview of Eileen Kramer and Maggie Haertsch Transcript of video interview Eileen Kramer and Maggie Haertsch	1-Sep-20
576. Assoc Prof Lee-Fay Low	20-1, tab 44	31-Aug-20	Professor Lee-Fay Low response to draft Home Care propositions	2-Sep-20
577. Dr Carmel Laragy	20-1, tabs 28, 40	31-Aug-20	Submission of Carmel Laragy Carmel Laragy response to draft Home Care propositions	2-Sep-20
578. Susan Emerson	n/a	n/a	n/a	2-Sep-20
579. Commissioner Janet Anderson PSM	n/a	n/a	n/a	2-Sep-20
580. Sarah Kelly	n/a	n/a	n/a	2-Sep-20
581. Mark Rummans	n/a	n/a	n/a	2-Sep-20
582. Ms Amy Laffan	n/a	n/a	n/a	2-Sep-20
583. Michael Lye	n/a	n/a	n/a	2-Sep-20
584. Dr Nicholas Hartland PSM	n/a	n/a		2-Sep-20

Sydney Hearing 5

Witness	Exhibit Number	Date Tendered	Title	Oral Evidence Given
585. Hon Paul Keating	n/a	n/a	n/a	14-Sep-20
586. Prof John McCallum	n/a	n/a	n/a	14-Sep-20
587. Paul Versteege	n/a	n/a	n/a	14-Sep-20
588. Ian Yates AM	n/a	n/a	n/a	14-Sep-20
589. Grant Corderoy	21-2	14-Sep-30	Statement of Grant Corderoy	14-Sep-20
590. Andrew Fielding	n/a	n/a	n/a	14-Sep-20
591. Fahim Khondaker	n/a	n/a	n/a	14-Sep-20
592. Prof Michael Woods	21-3	15-Sep-20	Statement of Michael Woods	15-Sep-20
593. Prof Naoki Ikegami	21-4 21-5	15-Sep-20	Statement of Naoki Ikegami Presentation slides by Naoki Ikegami	15-Sep-20
594. Prof Michael Sherris	n/a	n/a	n/a	15-Sep-20
595. Prof John Piggott	21-6	15-Sep-20	Submission of the ARC Centre of Excellence in Population Ageing Research	15-Sep-20
596. Hon Peter Costello AC	n/a	n/a	n/a	16-Sep-20
597. Dr Kenneth Henry	21-7	16-Sep-20	Precis of evidence – Kenneth Henry	16-Sep-20
598. Prof Flavio Menezes	n/a	n/a	n/a	16-Sep-20
599. Jason Ward	21-9	16-Sep-20	Submission on prudential propositions	16-Sep-20
600. Mike Callaghan AM PSM	21-10	16-Sep-20	Statement of Mike Callaghan	17-Sep-20
601. Prof Kathleen Eagar	21-11	16-Sep-20	Statement of Kathleen Eagar	17-Sep-20
602. Prof Stephen Gray	n/a	n/a	n/a	17-Sep-20
603. Dinesh Kumareswaran	n/a	n/a	n/a	17-Sep-20
604. James Downie	21-12	16-Sep-20	Statement of James Downie	17-Sep-20
605. Dr Steven Kennedy	n/a	n/a	n/a	18-Sep-20
606. Jenny Wilkinson	n/a	n/a	n/a	18-Sep-20
607. Dr Brendan Murphy	n/a	n/a	n/a	18-Sep-20

Witness	Exhibit Number	Date Tendered	Title	Oral Evidence Given
608. Dr Nicholas Hartland PSM	n/a	n/a	n/a	18-Sep-20
609. Nigel Murray	n/a	n/a	n/a	18-Sep-20
610. Jaye Smith	n/a	n/a	n/a	18-Sep-20
611. Commissioner Janet Anderson PSM	21-28, tab 5	18-Sep-20	Statement of Janet Anderson	18-Sep-20
612. Campbell Ansell	21-13	18-Sep-20	Statement of Campbell Ansell	18-Sep-20
613. Thea Hordern	21-16	21-Sep-20	Statement of Westpac Banking Corporation	21-Sep-20
614. Chris Williams	21-14	21-Sep-20	Statement of Commonwealth Bank of Australia	21-Sep-20
615. Sam Morris	21-15	21-Sep-20	Statement of Australian and New Zealand Banking Group	21-Sep-20
616. John McCarthy	21-17	21-Sep-20	Voluntary statement of National Australia Bank	21-Sep-20
617. Dr Linda Mellors	21-19	21-Sep-20	Statement of Linda Mellors	21-Sep-20
618. Ian Thorley	21-20	21-Sep-20	Statement of Ian Thorley	21-Sep-20
619. Nicolas Mersiades	21-18	21-Sep-20	Statement of Nicolas Mersiades	21-Sep-20
620. Jonathan Gavshon	21-21	21-Sep-20	Statement of Jonathan Gavshon	21-Sep-20
621. Natasha Chadwick	21-22	21-Sep-20	Statement of Natasha Chadwick	21-Sep-20
622. Chris Mamarelis	21-23	21-Sep-20	Statement of Chris Mamarelis	21-Sep-20
623. Cheyne Chalmers	n/a	n/a	n/a	21-Sep-20
624. David Bennett	n/a	n/a	n/a	21-Sep-20
625. Dr David Panter	n/a	n/a	n/a	22-Sep-20
626. Martin Warner	n/a	n/a	n/a	22-Sep-20
627. Prof Henry Cutler	21-25	22-Sep-20	Statement of Henry Cutler	22-Sep-20
628. Dr Pieter Bakx	n/a	n/a	n/a	22-Sep-20

Appendix 2: Roundtable Discussions and Participants, and Other Key Consultations

Appendix 2: Roundtable Discussions and Participants, and Other Key Consultations

Younger people in residential aged care	
22 November 2018	Quay West Suites 26 Southgate Ave Southbank VIC 3006
Commissioner Attending	Ms Lynelle Briggs AO
Attendee	**Attendee's Role**
Mr Alan Blackwood	Policy and Innovation Manager, Young People in Nursing Homes – National Alliance
Mr Luke Bo'sher	Chief Executive Officer, Summer Foundation
Ms Sarah Krause	Connect Coordinator, Youngcare
Dr Bronwyn Morkham	National Director, Young People in Nursing Homes – National Alliance
Dr George Taleporos	Policy Manager, Summer Foundation

Commonwealth agencies	
27 November 2018	International Visualisation Centre 19 Young Street Adelaide SA 5000
Commissioner Attending	Ms Lynelle Briggs AO
Attendee	**Attendee's Role**
Ms Gayle Anderson	First Assistant Secretary, Client Engagement and Support Services Division, Department of Veterans' Affairs
Ms Christina Bolger	Executive Director, Regulatory Policy and Performance, Australian Aged Care Quality Agency
Ms Pam Christie	Executive Director, Industry Engagement and Communication, Australian Aged Care Quality Agency
Ms Helen Grinbergs	Acting First Assistant Secretary, Aged Care Royal Commission Taskforce, Department of Health
Ms Sarah Kelly	Office of the Aged Care Complaints Commissioner
Ms Rae Lamb	Aged Care Complaints Commissioner
Dr Margot McCarthy	Deputy Secretary, Population Health, Sport and Aged Care Quality, Department of Health

Mr Nick Ryan	Chief Executive Officer, Australian Aged Care Quality Agency
Ms Samantha Taylor PSM	Registrar, National Disability Insurance Scheme Quality and Safeguards Commission
Ms Catherine Walsh	Executive Director, Client Programs, Client Engagement and Support Services Division, Department of Veterans' Affairs
Mr Andrew Whitecross	Group Manager, National Disability Insurance Scheme Market Reform, Department of Social Services

Aged care statisticians

27 November 2018	International Visualisation Centre 19 Young Street Adelaide SA 5000
Commissioner Attending	Ms Lynelle Briggs AO
Attendee	**Attendee's Role**
Ms Justine Boland	Program Manager, Health and Disability Branch, Australian Bureau of Statistics
Mr Mark Cooper-Stanbury	Head, Disability and Ageing Unit, Australian Institute of Health and Welfare
Ms Louise York	Senior Executive, Community Services Group, Australian Institute of Health and Welfare

Consumer representatives

27 November 2018	International Visualisation Centre 19 Young Street Adelaide SA 5000
Commissioner Attending	Ms Lynelle Briggs AO
Attendee	**Attendee's Role**
Ms Linda Bateman	Manager, Aged and Health Support, Returned and Services League Victoria
Ms Sue Elderton	National Policy Manager, Carers Australia
Mr Bob Ellis	National Vice President, Vietnam Veterans' Federation of Australia
Mr Ian Henschke	Chief Advocate, National Seniors Australia
Mr Tony Lawson	Chair, Consumers Health Forum of Australia
Ms Maree McCabe	Chief Executive Officer, Dementia Australia
Mr David Panter	Board Member, Australian Council of Social Services
Mr Mal Thiele	National Vice President, Vietnam Veterans' Federation of Australia
Mr Ian Yates AM	Chief Executive Officer, COTA Australia

Home care	
27 February 2019	Adina Apartment Hotel Sydney Town Hall 511 Kent Street Sydney NSW 2000
Commissioners Attending	Hon Richard Tracey AM RFD QC, Ms Lynelle Briggs AO
Attendee	**Attendee's Role**
Ms Fiona Duncan	National Operations Manager, Aged Care Management Australia
Prof Michael Fine	Honorary Professor, Department of Sociology, Macquarie University, New South Wales
Ms Claire Hargreaves	Manager, Social Policy, Municipal Association of Victoria
Ms Ronda Held	Chief Executive Officer, COTA Victoria
Dr Anna Howe	Consultant Gerontologist (retired)
Ms Mary Karras	Chief Executive Officer, Ethnic Communities Council of New South Wales
Ms Esther Kerr-Smith	Group Executive of Finance Australia, Australian Unity
Mr Paul Sadler	Chief Executive Officer, Presbyterian Aged Care New South Wales and Australian Capital Territory
Mr David Salisbury	General Manager, Consumer and Small Business Strategies, Australian Competition and Consumer Commission
Ms Pat Sparrow	Chief Executive Officer, Aged and Community Services Australia
Prof Hal Swerissen	Visiting Fellow, Grattan Institute, Victoria
Ms Sue Thompson	Chief Executive Officer, McLean Care, New South Wales

Dementia	
4 March 2019	Collins Street Tower Level 3 480 Collins Street Melbourne VIC 3000
Commissioners Attending	Hon Richard Tracey AM RFD QC, Ms Lynelle Briggs AO
Attendee	**Attendee's Role**
Prof Henry Brodaty	Head, Memory Disorders Clinic, Prince of Wales Hospital, Sydney; Co-Director of Centre for Healthy Brain Ageing, New South Wales
Prof Joseph Ibrahim	Head, Health Law and Ageing Research Unit, Department of Forensic Medicine, Monash University, Victoria
Dr Stephen Judd	Chief Executive Officer, HammondCare, New South Wales
Ms Jennifer Lawrence	Chief Executive Officer, Brightwater Care Group, Western Australia

Ms Maree McCabe	Chief Executive Officer, Dementia Australia
Mr James Nelson	Carer and dementia advocate
Ms Lucy O'Flaherty	Chief Executive Officer, Glenview Community Services, Tasmania
Ms Kate Swaffer	Chair and Chief Executive Officer, Dementia Alliance International
Prof James Vickers	Director, Wicking Dementia Research and Education Centre, University of Tasmania, Tasmania

Commonwealth agencies	
29 April 2019	Realm Hotel 18 National Circuit Barton ACT 2600
Commissioners Attending	Hon Richard Tracey AM RFD QC, Ms Lynelle Briggs AO
Attendee	**Attendee's Role**
Ms Janet Anderson PSM	Commissioner, Aged Care Quality and Safety Commission
Ms Glenys Beauchamp PSM	Secretary, Department of Health
Ms Pam Christie	Executive Director, Industry Engagement and Communication, Aged Care Quality and Safety Commission
Dr Margot McCarthy	Deputy Secretary, Ageing and Aged Care, Department of Health
Mr Nigel Murray	Assistant Secretary, Funding Policy and Prudential Branch, Residential and Flexible Aged Care Division, Department of Health
Dr Lisa Studdert	Deputy Secretary, Population, Health, Sport and Aged Care Royal Commission Task Force, Department of Health
Ms Ann Wunsch	Executive Director, Quality Assessment and Monitoring Operations, Aged Care Quality and Safety Commission

Culturally and Linguistically Diverse Communities	
30 April 2019	Sir Stamford at Circular Quay 93 Macquarie Street Sydney NSW 3000
Commissioner Attending	Ms Lynelle Briggs AO
Attendee	**Attendee's Role**
Dr Bianca Brijnath	Adjunct Associate Professor, National Ageing Research Institute, Victoria
Ms Ada Cheng	Chief Executive Officer, Australian Nursing Home Foundation, New South Wales
Dr Jonathan Crichton	Senior Lecturer in Applied Linguistics, University of South Australia, South Australia

Ms Anna Maria Harrison	Chief Executive Officer, Umbrella Multicultural Community Care Services, Western Australia
Ms Danijela Hlis	Dementia and Cultural and Linguistically Diverse Advocate, Tasmania
Ms Penni Michael	General Manager Business Development, MiCare, Victoria
Dr Lillian Mwanri	Public Health Physician; Associate Professor, Discipline of Public Health, Flinders University, South Australia
Ms Mary Patetsos	Chairperson, Federation of Ethnic Communities' Council of Australia
Ms Assunta Polito	Home Care Coordinator, CORE Community Services, New South Wales
Ms Leyda Suttor	Village Manager, Scalabrini Village, Drummoyne, New South Wales

LGBTI Communities	
30 April 2019	Sir Stamford at Circular Quay 93 Macquarie Street Sydney NSW 3000
Commissioner Attending	Ms Lynelle Briggs AO
Attendee	**Attendee's Role**
Ms Brenda Appleton	Chair, Transgender Victoria and Co-Chair, Lesbian, Gay, Bisexual, Transgender and Intersex Taskforce, Victoria
Dr Catherine Barrett	Director, Celebrate Ageing, Victoria
Ms Samantha Edmonds	National Project Manager, Silver Rainbow, National LGBTI Health Alliance
Mr Corey Irlam	Director, Advocacy and Government Relations, COTA Australia
Ms Samantha Jewell	Executive Manager, Lifeview Residential Care, Victoria
Ms Robyn Lierton	Diversity Manager, ECH Inc, South Australia
Dr Anthony Lyons	Associate Professor, Australian Research Centre on Sex, Health and Society, La Trobe University, Victoria
Ms Karen Price	Deputy Chief Executive Officer, ACON, New South Wales

Workforce	
2 May 2019	Sir Stamford at Circular Quay 93 Macquarie Street Sydney NSW 3000
Commissioner Attending	Ms Lynelle Briggs AO
Attendee	**Attendee's Role**
Ms Annie Butler	Federal Secretary, Australian Nursing and Midwifery Federation
Ms Carolyn Cooper	Interim Chief Operating Officer, BUPA Aged Care Pty Limited
Ms Leanne Cover	Chief Executive Officer, Canberra Institute of Technology, Australian Capital Territory
Ms Judy Gregurke	National Manager, Aged Care Reform Council, COTA Australia
Mr Gerard Hayes	National Secretary and Branch Secretary, Health Services Union, New South Wales, Australian Capital Territory and Queensland
Ms Natalie James	Workplace Relations Advisor, Deloitte Australia
Mr Darren Mathewson	Executive Director, Services, Support and Engagement, Aged and Community Services Australia
Prof Kostas Mavromaras	Professor of Economics, University of Adelaide, South Australia
Ms Maureen McCarty	Director, Workforce Data and Analysis and Planning, Health Workforce Division, Department of Health, Australian Capital Territory
Ms Helen Miller	Senior Manager, Aged and Community Services, LiveBetter, New South Wales
Mr Stephen Muggleton	Group Chief Executive Officer, Bolton Clarke; Board Director, Leading Age Services Australia
Prof John Pollaers OAM	Chancellor, Swinburne University, Victoria
Ms Carolyn Smith	Secretary, United Voice, Western Australian Branch

Aboriginal and Torres Strait Islander people	
28 May 2019	Hilton Adelaide 233 Victoria Square Adelaide SA 5000
Commissioners Attending	Hon Richard Tracey AM RFD QC, Ms Lynelle Briggs AO
Attendee	**Attendee's Role**
Mr Graham Aitken	Chief Executive Officer, Aboriginal Community Care, South Australia
Ms Wendy Ashwin	Aboriginal Health Co-ordinator, Windsor Park Aged Care Home, Hall and Prior, Western Australia
Ms Venessa Curnow	Executive Director, Aboriginal and Torres Strait Islander Health, Torres and Cape Hospital Health Service, Queensland
Ms Rachel Dunn	Chief Executive Officer, Karadi Aboriginal Corporation, Tasmania
Dr Emma Fitzsimmons	General Practitioner, Danila Dilba Medical Service, Darwin, Northern Territory
Mr Matthew Moore	General Manager, Aged and Disability Services, Institute for Urban Indigenous Health, Queensland.
Mr Gary Morris OAM	Chief Executive Officer and Co-Founder, Booroongen Djugun, New South Wales
Ms Noeleen Tunny	Acting Director Policy and Advocacy, Victorian Aboriginal Community Controlled Health Organisations
Ms Patricia Turner AM	Chief Executive Officer, National Aboriginal Community Controlled Health Organisation

Commonwealth agencies: younger people in residential aged care and carers	
1 July 2019	Rydges Capital Hill Hotel 17 Canberra Ave Forrest ACT 2603
Commissioners Attending	Hon Richard Tracey AM RFD QC, Ms Lynelle Briggs AO
Attendee	**Attendee's Role**
Ms Gayle Anderson	First Assistant Secretary, Client Engagement and Support Services, Department of Veterans' Affairs
Ms Glenys Beauchamp PSM	Secretary, Department of Health
Mr Peter Broadhead	Acting Group Manager, National Disability Insurance Scheme, Transition Oversight, Department of Social Services
Ms Fiona Buffinton	First Assistant Secretary, In Home Aged Care Division, Department of Health
Ms Kathryn Campbell AO CSC	Secretary, Department of Social Services

Mr Mark Cormack	Deputy Secretary, Policy and Programs, Department of Veterans' Affairs
Ms Elizabeth Cosson AM CSC	Secretary, Department of Veterans' Affairs
Mr Michael Francis	Deputy Chief Executive Officer, Participants and Planning Experience, National Disability Insurance Agency
Ms Trish Garrett	Acting First Assistant Secretary, Cancer, Hearing and Support Division, Department of Health
Ms Helen Grinbergs	Acting First Assistant Secretary, Aged Care Royal Commission Taskforce, Department of Health
Mr David Hallinan	Deputy Secretary, Ageing and Aged Care, Department of Health
Ms Sarah Johnson	Scheme Actuary, National Disability Insurance Agency
Mr Michael Lye	Deputy Secretary, Disability and Carers, Department of Social Services
Ms Emma-Kate McGuirk	Branch Manager, Carer and Disability Payments Branch, Department of Social Services
Mr Scott McNaughton	Deputy Chief Executive Officer, Government Communications and Stakeholder Engagement Group, National Disability Insurance Agency
Mr Nigel Murray	Assistant Secretary, Funding Policy and Prudential Branch, Department of Health
Ms Vicki Rundle	Acting Chief Executive Officer, National Disability Insurance Agency
Mr George Sotiropoulos	Group Manager, Disability, Employment and Carers, Department of Social Services
Dr Lisa Studdert	Deputy Secretary, Population, Health, Sport and Aged Care Royal Commission Taskforce, Department of Health
Mr Andrew Whitecross	Group Manager, National Disability Insurance Scheme, Market Reform Group, Department of Social Services

Briefing on the Interim Report: Aged Care Sector Committee	
31 October 2019	Hotel Realm 18 National Circuit Barton ACT 2600
Commissioners Attending	The Honourable Tony Pagone QC, Ms Lynelle Briggs AO
Attendee	**Attendee's Role**
Ms Andrea Coote	Chair, Aged Care Quality and Safety Advisory Council
Ms Ara Cresswell	Chief Executive Officer, Carers Australia
Mr Richard de Hasst	Executive Manager Care Services of Aged Care Plus, The Salvation Army
Mr David Hallinan	Acting Deputy Secretary, Department of Health
Dr Stephen Judd	Chief Executive, HammondCare
Ms Claerwen Little	National Director, UnitingCare Australia
Ms Maree McCabe	Chief Executive Officer, Dementia Australia
Mr Nick Mersiades	Director, Aged Care, Catholic Health Australia
Ms Sophia Petrov	Director, National Aged Care Alliance, Aged Care Reform Secretariat
Mr Graeme Prior	Chief Executive Officer, Hall and Prior Health and Aged Care Group
Ms Julie Reeves	Federal Professional Officer, Australian Nursing and Midwifery Federation
Mr Matthew Richter	Chief Executive Officer, The Aged Care Guild
Mr Sean Rooney	Chief Executive Officer, Leading Age Services Australia
Ms Patricia Sparrow	Chief Executive Officer, Aged and Community Services Australia
Mr David Tune AO PSM	Independent Chair, Aged Care Sector Committee
Mr Ian Yates AM	Chief Executive, COTA Australia

Other key consultations		
Date	**Attendee**	**Location**
13 February 2020	Hon Paul Keating	Sydney
13 May 2020	Hon Peter Costello AC	Teleconference
26 May 2020	Hon John Howard OM AC	Teleconference
17 June 2020	Senior officials from the Australian Department of Health and the Aged Care Quality and Safety Commission	Teleconference

Appendix 3:
Service Provider Visits

Appendix 3: Service Provider Visits

The Royal Commissioners visited a number of service providers around Australia to gain an understanding of a range of services available to older people.

The visits enabled the Royal Commissioners to see different care settings and services. The range of services visited include large and small providers; mainstream, specialist and innovative services; and residential, home care and respite services.

The selection of a service for a visit does not reflect any judgement, positive or negative, about the safety and quality of a service.

Aged care service visits

Date	Service	Provider	Location
26-Feb-19	Dudley Foord House	Anglicare	The Ponds, Sydney, NSW
	Woodbury Village		Winston Hills, Sydney, NSW
26-Feb-19	Residential Cottage	Group Homes Australia	St Ives, NSW
28-Feb-19	Our Lady of Consolation Home	Our Lady of Consolation Aged Care & Services Ltd	Rooty Hill, NSW
	Our Lady of Consolation Day Respite and Wellness Service		
28-Feb-19	Kincare Home Care Services	Kincare	Bella Vista, NSW
1-Mar-19	HammondCare Hammondville	HammondCare	Hammondville, NSW
5-Mar-19	Strathdon Community Nursing Home	Uniting Agewell	Forest Hill, VIC
	Strathdon Community Aged Care Services		
5-Mar-19	Port Melbourne Hostel	Wintringham Specialist Aged Care	Port Melbourne, VIC
8-Mar-19	Smorgon Nursing Home	Jewish Care Victoria	South Melbourne, VIC
	Montifiore Nursing Home Senior Living Precinct		
28-May-19	Aboriginal Elders Village	Aboriginal Community Care	Davoren Park, SA
20-Jun-19	Bidyadanga Health Clinic	Kimberley Aboriginal Medical service	Bidyadanga, WA
20-Jun-19	Kimberley Aged and Community Services, including Home and Community Care (HACC) Centre	Western Australian Country Health Service	Bidyadanga, WA

Aged care service visits

Date	Service	Provider	Location
20-Jun-19	Kimberly Aged and Community Services (KACS) Kimberly Indigenous Cognitive Assessment (KICA)	Western Australian Country Health Service	Bidyadanga, WA
21-Jun-19	Germanus Kent House Bran Nue Day Respite and Breakfast Club	Southern Cross Care WA	Broome, WA
10-Jul-19	Juninga Nursing Home Juninga Independent Living Units (home care)	Australian Regional and Remote Community Services	Coconut Grove, NT
16-Jul-19	Mercy Place Retirement Village Home Mercy Place Westcourt Home Care	Mercy Health	Cairns, QLD
18-Jul-19	Regis Kirwan	Regis Aged Care	Townsville, QLD
19-Jul-19	Carinity Fairfield Grange Aged Care	Carinity	Townsville, QLD
23-Jul-19	Elizabeth Lodge	Anglicare	Rushcutter's Bay, NSW
30-Jul-19	Regis Ontario	Regis Aged Care	Mildura, VIC
13-Aug-19	Balaklava Mill Court Homes	Balaklava Mill Court Homes	Balaklava, SA
13-Aug-19	Kiandra Residential Aged Care	Rosha Group	Prospect, SA
21-Aug-19	Bupa Modbury	Bupa Aged Care	Modbury, SA
21-Aug-19	Northgate House	SA Department for Health and Wellbeing	Northgate, SA
3-Oct-19	Community Care Tasmania	Community Care NESB Inc.	Launceston, TAS
21-Oct-19	Mercy Place Melbourne	Mercy Health	Montrose, VIC
23-Oct-19	Eldercare Acacia Court	Eldercare	Hendon, SA
7-Nov-19	Rylstone Multi-Purpose Service	Western NSW Local Health District	Rylstone, NSW
7-Nov-19	Ada Cottage	RSL LifeCare	Kandos, NSW
11-Nov-19	Glenview Community Services and Korongee Dementia Village	Glenview Community Services Inc	Glenorchy, TAS
13-Nov-19	BUPA South Hobart	BUPA Aged Care	Hobart, TAS
28-Nov-19	Bernard Chan Nursing Home	Australian Nursing Home Foundation (ANHF)	Burwood, NSW
28-Nov-19	Opal Annandale	Opal Aged Care	Sydney, NSW
28-Nov-19	Group Homes Australia (GHA) Vaucluse	Group Homes Australia	Waverley, NSW

Appendix 4: Community Forums

Appendix 4: Community Forums

4.1 Introduction

Engaging with the community was integral to our work. We did this in multiple ways, including by holding 12 community forums in different locations around Australia. More than 2400 people attended the community forums, and 228 people had the opportunity to describe their personal experiences in a setting less formal than those of hearings. Some of these people later gave evidence at hearings. One or both of Commissioners Tracey and Briggs attended each community forum.

We thank all speakers for their time and the courage they showed to share their personal experiences. Participants at community forums provided valuable information to support our inquiry. They offered their ideas about current aged care services and what they saw as important to consider for the future. The importance of community forums is described in 'Approach to the inquiry', in Volume 1 of this report.

This appendix contains overviews of the 12 community forums, held in the following locations:

- Bankstown (NSW): 1 March 2019
- Bendigo (Vic): 5 March 2019
- Wollongong (NSW): 13 March 2019
- Maidstone (Vic): 3 May 2019
- Broome (WA): 19 June 2019
- Townsville (Qld): 18 July 2019
- Adelaide (SA): 12 August 2019
- Brisbane (Qld): 19 August 2019
- Rockhampton (Qld): 20 August 2019
- Launceston (Tas): 3 October 2019
- Canberra (ACT): 25 November 2019
- Newcastle (NSW): 27 November 2019.

A questionnaire, distributed at community forums, provided a further opportunity for people to share their opinions and experiences. Just over 10% of the people who attended the community forums responded to this. A summary of these written responses appears below.

4.2 Bankstown community forum

The first community forum was held on 1 March 2019 in Bankstown Sports Club at Bankstown in Western Sydney in New South Wales, with Commissioner Briggs attending. There were 22 speakers and about 270 people attended. While two of the speakers described positive experiences with aged care services, the majority raised concerns about the quality and safety of aged care.

Speakers provided examples of poor medication management, serious pressure injuries, falls and inadequate hydration and nutrition. A speaker described finding her mother-in-law with extensive bruising:

> we saw heavy bruising on her face. When we got her home I undressed her and saw…she was black from one end of her to the other…My mother-in-law said that she had been left alone in the bathroom in the shower chair and had fallen onto the floor…I wrote a detailed letter to the Director of Nursing and was told that 'old people bruise easily'. I suppose they do if you drop them onto concrete.

Another speaker talked about finding her mother dehydrated in a residential care facility:

> I was told that they have not been able to get [her] to take in any fluids…Nor had they called a GP [general practitioner] to examine her. She was barely speaking by then and prior to that week she had been walking by herself, assisted by a walker…She was in hospital for…nearly five weeks—being treated for severe dehydration as well as several infections and pressure sores…The hospital found out that my mother had not toileted for up to five days, hence her stomach pains. There were limited or no records kept of [her] fluid intake…the facility was not even aware that she had developed pressure sores.

A personal care worker employed in home care explained that she is often the only person who goes into the house. She commented that she was trained to note changes in people's mental and physical health, but that she could not do this properly during 15-minute visits.

One speaker described the risk to the mental health of nurses and her own depression after being bullied when unable to meet unrealistic work expectations. Several speakers raised concerns about the adequacy of training of aged care staff members, particularly in caring for people with dementia.

Recurring concerns about the quality of care included:

- overuse of antipsychotic medication for dementia patients to 'keep them controlled, quiet, managed and, in some instances, tolerated'
- relying on a limited number of continence pads rather than providing assistance with using the toilet.

Several speakers described poor reactions by aged care providers when responding to concerns and complaints. One speaker described being informed by the Chief Executive Officer of the facility that his mother had been abused, and then told, 'to move on and get over it'. Another speaker reflected on cultural differences:

> It's an all-Chinese nursing home, containing staff and residents who are culturally reluctant or scared to complain…[the air conditioning] was not fixed for years—senior management told us no-one had complained and they did not know, which we find hard to believe…residents were at times left sweltering in 30-plus degree heat…one resident's bathroom measured 40 degrees on a heatwave day.

Several speakers mentioned that residents and family members are fearful of making complaints due to possible repercussions.

Two speakers from the deaf community raised concerns about the availability of appropriate assistance to navigate the aged care system. In particular, they spoke about the importance of access to Auslan interpreters, particularly when making important decisions about their care, as well as when dealing with wills and bequests.

A number of speakers had experience as nurses or personal care workers, including in aged care. They raised particular concerns about nursing staff members being diverted from care to administration. One speaker said:

> A registered nurse's job is to monitor change in patients but there is constant pressure to do paperwork and get funding.

Another said:

> Managers are too busy doing paperwork and they're not on the floor. Get rid of paperwork and prove what you can do. It's not about sitting at a computer while somebody needs to go to the toilet.

There was cynicism expressed about behaviour of some aged care providers. For example, one family member heard from an aged care worker that they were to 'make up and exaggerate' the behaviour and needs of residents to get more funding subsidies, and another described the 'fudging' of numbers of staff recorded on duty. One speaker saw changes in staffing before a visit from the regulator:

> employees would come out of the woodwork to make it look better, right before a visit.

Several spoke of their difficulties in accessing services, including through My Aged Care, and of the long waiting lists for home care services and inadequate support for family carers.

> My financial paperwork was lost four times. January 2018 My Aged Care cancelled mum's home care package [and] did not advise why, after many phone calls [I] was advised [they] did not have my financial paperwork. I then personally handed it in, they lost it, then I had faxed it and it was lost yet again and then I faxed it a second time…Finally it was in the system April 2018.

A personal care worker employed in home care explained that she is often the only person who goes into the house. She commented that she was trained to note changes in people's mental and physical health, but that she could not do this properly during 15-minute visits.

Two speakers from the deaf community raised concerns about the availability of appropriate assistance to navigate the aged care system. In particular, they spoke about the importance of having access to Auslan interpreters, particularly when making important decisions about their care, as well as when dealing with wills and bequests.

Several also spoke of financial stress around aged care, including a speaker who reflected on the particular experience of older women facing homelessness. One family member gave up her employment to care for her mother, and was experiencing severe financial hardship:

> when we have given up our careers, spent our super, when we are close to 60 and cannot return to our former careers, we have nowhere to turn to for help. Carers are the silent sufferers of the global dementia pandemic.

A number of speakers emphasised the importance of respect and dignity for older people as a foundation for aged care:

> Elderly people were once part of the fabric of society and just because they have become ill and frail and no longer independent, does not mean they deserve less care of respect. It should be the opposite.

The final speaker spoke about the importance of person-centred care, and encouraged a conversation about love in aged care:

> Residents want someone to listen to them, for someone to sit on their bed and have someone hold their hand.

4.3 Bendigo community forum

The second community forum was held on 5 March 2019 in Bendigo Town Hall at Bendigo in Victoria, with Commissioner Briggs attending. There were 20 speakers and about 250 people attended.

Several speakers suggested that people in the community lack knowledge about aged care services and about how to navigate the very complex system. One speaker, a volunteer who supports families, explained that an applicant may have to speak to nine different services to access care:

> I trust this complicated process will be simplified.

One speaker described her struggle to obtain community services to help her keep her father, who had dementia and feared residential care, at home. She was unable to access residential respite for a break. She was also unable to access home-based palliative services at the end of her father's life, when he was admitted to a palliative care unit:

> As carers, we carry the burden of the system and funding failures…in the absence of system reform, these failures will continue.

Another speaker described a broken resource system. He said that he found it necessary to accept residential care for his father while waiting for home care services, but his father subsequently became despondent and died. Another speaker expressed concerns about the significant gap in respite care services in the community, where lack of relief from caring can lead to ill health for the family carer. One speaker suggested that concern in the community about entering residential care can lead to a reluctance to plan for care needs and services in later life.

The quality of residential aged care services received particular focus. One speaker considered the physical care in his mother's facility as adequate, but described the transition to care with loss of connection to friends and community as 'like stepping off a cliff'. The speaker said that there was a total absence of assistance to help his mother adapt. He observed that staff members are stretched thinly and unable to respond to the loneliness that residents experience, or to give a personalised response to their care needs:

> Aged care facilities should be homes first, workplaces second, and institutions third.

One speaker spoke about both his parents, who live in the same facility. The speaker described how his father, affected by a stroke, would hear his wife, who has dementia, wailing down the hallway. His father would ring the bell for help:

> No-one would come…he felt useless.

As a result, the speaker explained, the family organised for private care to be provided for 11 hours a day, six days a week. Over a two-year period, they advocated to the facility for their mother to be weaned off her medication. This eventually occurred, resulting in her laughing and smiling, and generally being happier. The speaker described person-centred care as more than physical care, with a need to focus on a person's wellbeing:

> We took matters into our own hands. Their home is where they should feel safe and loved.

Other speakers also provided examples of inadequate care of people with dementia. One speaker described how the manager of an aged care home insisted that her mother be lifted with a lifting machine due to mobility issues, which caused her mother to become withdrawn. Physiotherapy at the facility only provided for pain relief and not, despite requests, reablement. The family invested in private physiotherapy and equipment for 18 months. Their mother was able to walk again and her cognition improved:

> We were able to do this for mum because we never gave up. It should be about living, not waiting to die.

Two separate speakers stated that injuries to family members were not detected in a timely fashion, resulting in undetected pain and increased infection. Several described significant mistakes being made in the medication provided to people. In one instance, the medication was meant for a resident in the adjoining room. In another, medication mismanagement resulted in the person not eating. This led to significant weight loss.

One speaker advocated for changes in legislation to protect vulnerable people in aged care services who receive injuries as a result of poor care. Another speaker described the everyday neglect of her mother with respect to hygiene and nutrition. The speaker's mother subsequently died of sepsis. The speaker said she felt the facility treated her like a troublemaker when she raised care issues:

> I was bullied and intimidated by management…before my mother passed away I was told that she was taking up too much of the staff's time.

A number of speakers raised the issue of adequate staffing. One speaker, calling for mandatory staff levels, said that staff are constantly rushed off their feet. Another believed that poor staffing levels place residents at risk because staff struggle to carry through basic care tasks and are stressed:

> Very hard working, well-intentioned staff doing the best they can in challenging circumstances.

Several spoke about the need for more staff skills and knowledge, with different speakers making the following suggestions:

- capability improvements through more training
- the screening of staff for qualifications and personality suited to caring

- closer monitoring of staff who carried out their care tasks poorly
- staff training in dementia care, such as understanding that pain may be a cause of distress
- greater emphasis on staff giving attention to the information provided by family members, who know the person and their needs.

Another concern was that of reduced care options for younger people. One younger person with a disability described her struggle to stay at home, which required her periodic admittance to a residential aged residential care facility. She described this experience as confronting and humiliating, with her dignity and privacy not respected, and implied that she would end her life if that became the only option ahead:

> If my funding and supports do not…enable me to stay at home, I've made a decision not to go to aged care. I'm not going there again.

One person spoke of the incompetent management of diabetes and a lack of assistance with meals for their sister, who had Down syndrome. The speaker's sister died of pneumonia. Earlier, the family had been so distressed that they considered kidnapping her from the facility but believed that they would be in trouble with the law.

Other speakers described their distress at the type and limited amount of care for their family member and in particular the lack of personalised holistic care:

> To watch what she's going through is life-destroying.

Several speakers described the need to become advocates on behalf of a family member to ensure that basic care needs and rights were met. One speaker explained that they felt they had no voice in representing the needs of their family member. To be able to speak up on behalf of their family member receiving residential care, they had needed to educate themselves about the *Aged Care Act 1997* (Cth) and about rights:

> We fought for our dad, because he mattered, because people matter, because human rights matter.

Many speakers acknowledged the grief, anxiety and emotional trauma experienced by families:

> Our story is filled with heartache, like many of you here.

Several speakers spoke of priorities in aged care being out of balance. One suggested that the facility providing care to their family member focused on meeting organisational needs rather than patient needs, while another speaker expressed concern about the financial motivations of aged care organisations:

> The thing is, there should be care before profit.

4.4 Wollongong community forum

The third community forum was held on 13 March 2019 in WIN Stadium at Wollongong in New South Wales, with Commissioner Briggs attending. There were 20 speakers and about 187 people attended.

Speakers discussed person-centred care, care of residents with dementia and palliative care. A particular theme was the need for a skilled and kind workforce as a pathway to quality and safe care for older people in aged care facilities. This included calls for improvements in the training of registered nurses, enrolled nurses and personal care workers. Some speakers referred to the need for improvements in provider leadership.

The main workforce issues that speakers identified related to training needs, a requirement for increased numbers of staff for residents, and better pay rates. A general practitioner who had worked in aged care for 22 years raised workforce as a 'crucial issue':

> We need more registered nurses, better trained aged care registered nurses, and better paid aged care registered nurses. We also need better trained enrolled nurses and better trained carers.

Another speaker made several points about improving the status, training and salaries of all workers in aged care, including:

- requiring registered nurses to have postgraduate qualifications in gerontology and reward them accordingly
- recommending senior classifications for registered nurses with specialist qualifications in wound care, continence, palliative care and so on
- providing incentives for care workers to increase basic qualifications to Certificate 4 level and remunerate accordingly
- considering Certificate 4 as entry level qualification in the future.

A number of speakers emphasised the importance of better training, with particular focus on dementia, trauma, and behavioural management:

> Beyond the RNs, the enrolled nurses and carer staff are usually poorly skilled in aged care specific challenges such as dealing with challenging behaviours in dementia, such as agitation or aggression. Because of this, there is often a push from both RN and other staff to use strong pain medications or sedation or even antibiotics when they are not necessary in order to do 'something' about behaviours.

Speakers provided examples of poor person-centred care, ranging from waiting lengthy periods for care packages, lack of focus on prevention of harm from falls, problems with ulcers or oral health issues, dependence on staff, and random care episodes that did not meet their relative's needs of timely assisted meals and help with hygiene, going to the toilet and hydration. One speaker stated that each aged care facility needed to have, or

have access to, at least one specialist in palliative care. Another speaker described a need for leadership in practice with end-of-life care, which should extend beyond the last few days and hours. Two speakers referred to the need for gender-specific personal care.

Several speakers raised the issue of carer stress associated with lack of communication from staff. These speakers worried about possible adverse consequences if they spoke to the facility on behalf of their relative, including the possibility of them being isolated or banned from visiting the facility:

> There must be a recognition that the services provided by carers such as myself, are saving the country a fortune, but often at great personal cost…The knowledge that we could access a home where we would be expertly, gently and lovingly cared for in our community, would relieve so much stress and greatly enrich the remaining years of our lives.

Another theme for many speakers related to improved service integration, including better processes for communicating and resolving issues. One speaker suggested better service integration and coordination between governments, as operators can be very cautious due to over-regulation. Similarly, one speaker reported that the National Disability Insurance Scheme had suggested going to My Aged Care, but My Aged Care then said that they couldn't help. Another speaker suggested that negotiating the network of government and provider red tape was more stressful than her husband's dementia. Another speaker stated that the system assumed, incorrectly, that people had family support. What the community needs, one speaker suggested, is a transparent, dependable and affordable system, with personalised support to navigate the bureaucracy.

One speaker described how a family member was neglected, abused and forgotten when the family expected that she would be comfortable and safe. She died within six weeks of entering the aged care facility. A different speaker cited an example of unprofessional behaviour where confidentiality and privacy were ignored at a service provider meeting. Another speaker referred to the 'forgotten Australians', people who as children were placed into institutional or other out-of-home care. The speaker recognised that these people would face particular challenges if they returned to residential care as an older person. A different speaker suggested the need for video cameras in common areas and residents' bedrooms, or for families to have cameras to monitor activities of daily living.

Several speakers who had worked, or continue to work, in aged care reflected on their experiences. This included being told not to get attached to the residents. They described the increasing complexity of caring for residents, including the need to provide higher levels of care, to deal with complex medications, and to work with limited preparation or training. A health professional observed that there is no standardised information technology system in residential aged care facilities. A different speaker commented that some things had not changed: the high workloads, the shortage of staff, and the pay. Another speaker stated that they had serious concerns for their safety and that of their fellow workers, compounded by management's attitude.

4.5 Maidstone community forum

The fourth community forum was held on 3 May 2019 in White Knight Receptions Maidstone, at Maidstone in Victoria, with Commissioner Briggs and Commissioner Tracey attending. There were 18 speakers and about 260 people attended. Three younger people with disabilities, together with their family members or carers, spoke about the experience of living in residential aged care. Other speakers focused on inadequate care, staffing ratios, complaints processes, and the rights of residents and carers. Several people spoke about the experiences of younger people in residential aged care:

> My daughter spent 12 months in aged care at age 18 after a craniotomy for to a brain tumour and strokes. At 28 [years] she was unable to speak or move… Our observations and reading notes accessed through Freedom of Information convince us that aged care is no alternative for young people...She often waited half an hour for a worker to arrive when she buzzed…Her room was next to the pan room and the smell was sickening at times. Friends stopped visiting. It was a depressing place. A staff member pulled us aside one morning and told us that some of the staff were not treating her well. We already knew that but any concerns fell on deaf ears. Residents were not being treated equally. We observed bullying and neglect of 'difficult' residents who weren't silent and compliant.

One young person, assisted in her verbal communication by a support worker, described living in a nursing home for six years. She explained that people are constantly screaming and that there is no stimulation. She finds it hard to come up with ideas of what to do, and just sits quietly on her own. She explained that life has changed so much for her. She used to like to paint and to be outside: 'now all that is unreachable'. As a vegetarian, she finds there is lack of food choices, and that the food is the same every day. With the National Disability Insurance Scheme plan, she used to have up to 500 hours of therapy, but now only has 60 hours:

> They said no one would be worse off under the NDIS [National Disability Insurance Scheme] but that is not my experience.

This speaker spoke of a desire to end her life, saying she would do so if her arms would allow it.

A speaker in her thirties spoke with the assistance of a communication device. Following a stroke after an operation, this speaker's only option, because of a lack of disability funding, was an aged care facility. From her 18 months in the facility, the speaker described having little autonomy about decisions such as her daily routine, activities and food. She found some staff patronising, and said they treated her as being unable to make her own decisions. According to this speaker, the most important thing was for staff 'to truly listen and support us to drive the process of our lives'. She believed that better trained and better educated care support workers were required to meet complex needs.

One speaker spoke of her experiences with home care services:

> I have travelled from rural New South Wales to speak today because I am disgusted by the corrupt, inconsistent behaviour of providers and their care staff…

This speaker explained that she had changed providers because workers lied about hours worked and because transport was not provided. However, the situation did not improve:

> the next provider I went to was unreliable. Staff did not turn up for necessary showers…sometimes no staff for a couple of days and that meant no personal care on those days…so I changed providers again…every statement with that provider was incorrect…

The speaker expressed concern that she would be forced into residential care, defeating the whole purpose of home care allowing her to remain in her own home: 'I am blessed I have a family who care but many don't.'

One speaker noted what they regarded as inadequate or poor residential care, with insufficient focus on the quality of life of residents:

> I have observed my mum sitting in her seat for her meal and have it put in front of her without any acknowledgement or even a smile…my impression and feeling of this facility is one of a business on a budget waiting for turnover with little thought to promote the quality of care for these aged people in their final years.

The speaker said that aged care should not just be 'a place to die'.

Another speaker raised concerns about his wife's care in a residential facility, including dirty toilets and the misuse of medication. He stated that the User Rights Principles should offer protection from all types of abuse. However, the Principles were ineffective in supporting rights of care recipients because the facility treated them 'flippantly':

> the 'Charter' is in reality a toothless tiger. It is not in its current form affording protection to the people it purports to defend…In the absence of a 'charter', what does the resident have in their corner? Who speaks for these poor souls, some with dementia, when their basic rights are denied them? The government complaints department just took the word of the facility as fact and were unhelpful.

Another speaker found the local advocacy service to be very supportive but observed that the service had little power to make changes.

A representative of Carers Victoria, a state-wide advocacy group for carers, spoke about the need to acknowledge relationships between family carers and people for whom they care. This speaker stated that care provided by family and friends is the backbone of the Australian aged care system, and noted that carers need acknowledgement as people with their own needs. The speaker said that the obligations on providers is not consistent

with the *Carers Recognition Act 2012* (Vic). In addition, carers, family and friends are notably absent from the new Charter of Aged Care Rights. The speaker concluded that improved recognition of carers would promote safer and better quality care for people using the aged care sector.

Some speakers connected better care with higher levels or ratios of staff to residents, and with improved training. One speaker said that lack of staff led to neglect. This speaker considered the Australian Government's complaint, accreditation and advocacy systems to be ineffectual. She described starting a petition to mandate skilled staff to resident ratios, which had to that point attracted 312,000 signatures. Another speaker advocated for better training, including specific care for lesbians and other minorities because aged care staff members do not know how discrimination works. One more speaker commented that staff ratios need to be informed by complexity of the needs of the residents. She had observed staff members who wanted to help but did not have the necessary skills. Another speaker suggested that the aged care system of safety is 'impotent' and would benefit from a focus on the sort of safety models that exist in health care systems.

Several speakers suggested empowering families to assist with care, along with the need for the community to engage more with older people living in aged care. Some speakers suggested ways to bring younger people into aged care roles through credits towards Higher Education Contribution Scheme (HECS) debt and for universities to look beyond Australian Tertiary Admission Rank (ATAR) scores for community involvement. According to one speaker, all personal care workers should be registered with the Australian Health Practitioner Regulation Agency. Another speaker thought staff should have a university qualification to provide dementia care and that salaries should reflect that. Another speaker commented on the need for appropriate rewards and a clear long-term career path for staff.

Finally, a speaker commented that the 'government needs to stop giving aged care licences to unsuitable people who lack empathy, compassion, experience and the values needed to be entrusted with the care of our elderly'.

4.6 Broome community forum

The fifth community forum was held on 19 June 2019 in the Broome Civic Centre at Broome in Western Australia, with Commissioner Briggs attending. The Broome community forum commenced with a Welcome to Country provided by Jimmy Edgar, a Karajarri man and descendent of a Yawuru Elder. There were 13 speakers, predominantly Aboriginal and Torres Strait Islander people. About 50 people attended. Two speakers had an additional person stand up with them to make their statement. A number of the speakers travelled long distances across the Kimberley region to share their experiences about aged care in remote areas of Western Australia.

Speakers told about the need for cultural safety, enabling people to fulfil their cultural responsibilities to their families and communities and to have the choice to remain on Country. They emphasised the importance of treating Elders with respect. Speakers referred to Elders as 'knowledge holders' and 'living treasures'.

One speaker commented that the Stolen Generations Elders did not want to go back to institutionalised care:

> They were removed from everything from a very early age and re-programmed; let us not put them through this trauma again toward the end stage of their lives.

Another drew on his history as an Aboriginal Elder and Japanese descendant to tell the story of multi-racial Australia and shed light on the fear that older people with such experiences have about further institutionalisation.

Speakers provided examples of substandard care and neglect, financial abuse of elders, and a sexual assault.

Several people commented on issues and challenges facing Aboriginal people due to low income, the high costs of food and services in regional areas, living below the poverty line, and the need for safe houses. One speaker said that the economic status of Aboriginal people needed to be looked into when considering how to deliver aged care services in remote areas.

According to one speaker, many Aboriginal people have a fear of moving out of their homes and going out of their Country to a strange place, particularly because residential aged care services are not culturally well informed.

Several speakers commented on the need for providing services for Aboriginal people by Aboriginal people. As one person put it:

> There could be more done around training and/or upskilling more Indigenous people in Palliative Care so that when and if our Stolen Generation Elders do need to go to these Aged Care Facilities, the least we can assure them is that there will be familiar faces for them.
>
> If we have more local people trained and employed across all levels, not just in junior roles, we may start to see a difference. We still need these facilities in our communities but we also need them to be run better so our Elders see it as an option and not a sentence.

One speaker suggested implementing measureable outcomes into service agreements that reflected the cultural requirement and the complexities of living remotely. Another speaker suggested the implementation of a cultural audit.

Speakers commented on aged care issues, including access and equity, the complexity of systems, assessment barriers, and the need for face-to-face services with local providers. One speaker explained that they were unable to navigate myGov, even though they have a Masters and a Bachelor of Applied Science. This speaker questioned how an Aboriginal person who has English as a third language would navigate this sort of online system:

> ACAT is not an easy process and is used more as a barrier than a pathway to accessing care. Language is exclusive and not easily understood.

One speaker advised that some people choose to not access care because they do not understand the packages or because of the high costs.

One speaker, whose mother is happy with the care received from her home care package, commented that the communication from the centralised service was confusing and lacked empathy. She considered that there needed to be more focus on ensuring that people understood the system, not helped by the use of acronyms in monthly statements. Another speaker said that fees for a person in residential care were raised without informing Centrelink to increase deductions, causing additional difficulty to a grieving daughter:

> After losing her mother and going through 'sorry time', the carer (daughter) was advised that there was an outstanding invoice. There are always many other service providers that are involved in the overall care of our Elders but communication between these services and the relevant family member is not always as good as it could be. We also need to ensure that families are not further traumatised when their loved ones pass away with issues that should be dealt with as they arise.

Other people made the point that many people are not eligible for services and may fall through the cracks, and noted limited services for young people with disabilities. One speaker said the Aged Care Funding Instrument does not take into account the complex needs of Aboriginal people in regional, rural and remote areas. Another speaker said support is inadequate and that some services written into agreements and contracts do not happen.

Several speakers talked about challenges with respite, and one speaker explained that the delivery of dementia services to Aboriginal and Torres Strait Islander populations faced serious challenges.

One speaker commented on the complaints process:

> maybe have a more open process where complaints can be made to an independent party so they are addressed.

Several speakers praised the work of many professionals who work in aged care in remote and regional services in the community.

4.7 Townsville community forum

The sixth community forum was held on 18 July 2019 in Rydges Hotel South Bank at Townsville in Queensland, with Commissioner Briggs attending. There were 20 speakers, with about 180 people attending. Speakers provided examples of inadequate care, poor medication management, and inadequate care coordination. Some people talked about the gaps in care for Aboriginal and Torres Strait Islander people, the Forgotten Australians, people from culturally and linguistically diverse backgrounds, and people with a disability.

One speaker talked of the inadequate care her father received prior to his death in a residential facility:

> My family considers his death was premature as a result of the aged care facility not providing adequate care for him. My father was found on the floor on a number of occasions when he had fallen, sometimes only wearing an adult nappy and shirt, and was eventually found with a broken ankle. We will never know how many times he fell nor how long he was left on the floor each time as the record keeping at the facility was not accurate.

This speaker described how the family lodged a complaint just before her father's death, but was advised after his death that no further action would be taken by the Complaints Commissioner. Family members found this extremely upsetting. A new process was initiated following a request for a review and the report identified significant concerns impacting all residents:

> The audit indicates that there are insufficient staff, staff do not have time to attend to residents' needs, and processes are not effective to ensure that staffing is maintained to meet residents' needs...how many times can a facility not meet Standards before there are serious consequences?

One speaker described the lack of emotional care for her mother 'in terms of her loneliness and social engagement. Frequently, she was left isolated and ignored in her room'. The speaker's mother also received poor personal care:

> Mum endured the most distressing lack of, and inconsistencies with, toileting support. I had growing concerns when Mum's pullup was frequently soaked with urine when I would change her for bed. The nursing home then committed to a toileting schedule. However, toileting support never lasted for more than two consecutive days before it petered out. During this supposed toileting support, a diary entry for June 2015 says 'Mum had long pants on inside out and back to front, no pull-up on, was smeared with faeces on her hands and needed a shower' and in July says 'Arrived at 2pm—toilet filthy, faeces on toilet seat (cased on the rim of the seat), faeces on all towel in the room and wearing a filthy pull-up.'

This speaker also described visiting her mother on a weekend when being informed that she had been prescribed morphine for back pain:

> On arrival at Mum's room, she was lying across the middle of the bed with her legs hanging over, crying out in pain and repeatedly saying that she 'wanted to die'. She could not move from that position. After 10 minutes, I asked for the doctor to attend earlier and when he didn't arrive I asked a care worker to call an ambulance. She said she wasn't allowed to, so, at 9:28am, I called an ambulance myself and mum was taken to hospital. She had a broken back.

This speaker considered that a camera should be in every room 'when a family requests it, or mandated for residents' rooms where there are no family who visit'. She considers there needs to be the establishment of 'an authority, with real power, for families to report concerns, and not condone and ignore them'.

Three speakers regarded getting an Aged Care Assessment Team visit, a Home Care Package, accessing Residential Aged Care facilities, and using the My Aged Care Portal as complicated:

> My mum is elderly and has health issues, there is no way that she would have been able to do all of the work involved with getting Dad a Nursing Home place within the 35 days outlined by the hospital staff as well as deal with the reality that she has 'separated' medically from her husband of 54 years, the grief and emotions that she is experiencing every day is mentally and physically exhausting.

> From memory, approximately four years ago my husband was approved for a level 4 care package. I received notification about six months after his death last year that a package was available. How does that happen in a system which has sifted through everything about us? I felt guilt, frustration and sadness as he diminished despite our best efforts.

> How our aged persons are best served by the online 'My Aged Care' and a telephone helpline baffles me. Great people when you can get in touch with them but an awful system! The shortcomings were a constant source of angst for me. I can imagine how older, more technically challenged people must struggle.

On the question of care for Aboriginal and Torres Strait Islander people, speakers referred to specific needs and the gaps they have encountered in aged care services. One speaker stated that although cultural values from some places do not fit with Aboriginal and Torres Strait Islander people, they have to 'just put up with it' because there are not many affordable options available to them in their own parts of the country. These situations, the speaker suggested, would not be tolerated in mainstream nursing health care.

Another speaker noted that English is not a first language for some Aboriginal people, and may be a third or fourth language. These people may have a cohort of identified health and ageing conditions, including hearing issues, dementia, confusion, communication issues, assertiveness issues, grieving for their family and Country, and so on. They may find themselves 'in a foreign routine where enclosure inside a building, noise and rush, rush, rush is the norm':

> Too often there is not enough resources to take them outside to even connect with Country, sunshine, fresh air, nature, sounds of birds etc. I have found far too often, their culinary preferences are unavailable on the menu and many residents of Indigenous heritage are too often, not made a priority and are left in a soiled bed (their budget didn't allow for more incontinent aids etc.), to wait, last to receive care or left for the next shift—there is not enough assertive presence in the facility to assert for them.

> Australia's care and standards for Indigenous peoples in aged care facilities are, in general, a disgrace to our nation and need monumental review in the near future not the 'who knows when' future… they are human beings who deserve the same rights and entitlements as any other Australian.

A number of speakers considered that the needs of culturally and linguistically diverse residents in residential aged care was neglected. Some people raised communication as a major issue for culturally and linguistically diverse people: 'care ultimately rests a lot on communication'. One speaker noted that some people with dementia may revert to using their mother tongue, leaving them unable to voice their needs.

Other issues raised included the need for understanding of cultural perspectives and a requirement for service providers to receive cross cultural training and cultural awareness training. One speaker talked about isolation and loneliness and cultural inhibitions, while another suggested that, 'Nursing homes could be marked as suitable for people from a particular ethnicity or culture.' Another speaker saw the culturally and linguistically diverse background of care staff as adding to the challenges in the care environment:

> Too often care delivery is delivered by 'caring' carers with a limited command of English. There is a high proportion of non-English speaking background staff in Aged Care and whilst their intentions are usually honourable, there are issues with their standard of knowledge and skills to enable them to deliver the standards of care expected in Australia.

One speaker highlighted issues facing Forgotten Australians, who had an 'entrenched mistrust of systems' due to their previous experience in institutions. A return to institutionalised living could trigger 'loss of power and independence again' and memories of past trauma. The speaker stated that such people needed extra support following their entry into residential aged care facilities, not just 'a tick and flick type form about their wellbeing treatment'.

A disability advocate made the following comment:

> I have witnessed in my eight years attending residential aged care facilities in Townsville and surrounding areas, insufficient staff levels to adequately care for the residents both aged and young, and more so for those with disabilities. There is also a gap in the skills of the staff and there are some staff who should not be working in the sector, sadly.

Several speakers advocated for closed-circuit television cameras in aged care facilities, indicating this would assist with the quality and safety of care. However, one speaker acknowledged this would not be an easy road, while another speaker suggested it should be on family request. Another speaker thought closed circuit television cameras could perhaps be considered for residents who did not have any family visits.

Some speakers raised instances of medication mismanagement, such as mistakes that caused falls or drowsiness or where residents had to wait over an hour for pain relief.

One speaker commented that the facility where his mother lives is driven by an economic imperative, despite being not-for-profit. The economic objective is met, the speaker said, through cutbacks to staffing and to the quality of staff because of the shift from a regular to a casual workforce. This same speaker spoke of medication mismanagement, missed meals and the facility's inability to know the special needs of his mother or even respond to her call bell. He reported that his mother had said she wanted to die and had looked with interest at euthanasia laws.

4.8 Adelaide community forum

The seventh community forum was held on 12 August 2019 in the Adelaide Town Hall at Adelaide in South Australia, with Commissioner Tracey attending. There were 20 speakers and about 400 people attended. Many of the speakers referred to instances of harrowing care that caused distress to both residents and their families, and the need for more empathetic, better qualified or better trained carers.

Five speakers talked about their experience at the Oakden Older Persons Mental Health Service. One speaker, who had a family member at the previous Oakden facility, stated:

> The impact of reality that this could be or could have and probably will happen to a loved one or you at some stage is felt by everyone.

Another speaker strongly advocated for preventing what they had experienced ever happening again:

> Since the horrors of Oakden have aired, I have worked closely with the current SA Government on various projects to ensure that what Dad went through was not in vain. I would prefer that he not be remembered as a victim of abuse, but rather be instrumental in the catalyst for change.

Many speakers questioned the empathy, qualifications, training and pay levels of the carers and staff they encountered in aged care. One speaker stated:

> It seems that for many of the staff, it is just a job with no responsibility or care. There are some that are very capable, sympathetic, fun loving and caring; however, and unfortunately, these seem to be the silent minority. If only they could have more influence on their colleagues, this might improve but it seems they are so busy doing the right thing for the residents they just don't have the time.
>
> We can plead for higher staff numbers. We can call for a higher nurse to carer ratio, but I don't believe this will in itself change much. I believe if everyone performed their duties competently and diligently then even with the existing staffing there would be a large improvement in performance. One of the critical elements currently missing is accountability. Too many of those involved in providing care for the aged are not held accountable for their areas of responsibility. This must change and that change must come from the top down to those providing first level care. The top being Facility Managers, CEOs and even the Federal Minister.

Another speaker said:

> It's getting harder and harder for everyone to care for our elderly in the way they deserve when you don't have time to care for residents properly. We used to have time to talk with residents, sit down and do their nails, not just clean them, and take them for walks. But now, we don't have the time. The carers are run off their feet and don't have the few extra minutes to get to know their residents.

One speaker was disturbed by the way the Aged Care Funding Instrument is calculated, suggesting that because providers do a self-assessment, there is self-interest.

Individual speakers made reference to power of attorney, the Office of the Public Advocate and the South Australian Civil and Administrative Tribunal. One speaker stated that after the family had repeatedly asked the facility questions about their mother's medication, the speaker lost guardianship to the Office of the Public Advocate. Another speaker stated that their parent was vulnerable and that there were family abuse issues, but that the South Australian Civil and Administrative Tribunal had refused to appoint an independent guardian. A different speaker said that a social worker had made a submission for the public trustee to look after the affairs of the speaker's parent, even though the family had a valid power of attorney. One woman stated that her husband had frontal lobe dementia and that facility staff had blocked the family from visiting him. The family reported this situation to the South Australian Civil Administration Tribunal.

Other speakers raised issues with complaints processes. One speaker stated that deaths had occurred which should have been avoided through proper care and the facility did not have a complaints system, which led to anger among family members. Another speaker said they had complained to all staff at a particular facility, all the way up the chain, as well as to the Australian Competition and Consumer Commission, the Australian Health Practitioner Regulation Agency, the police, and elsewhere. One person said that they complained to the Aged Care Quality and Safety Commission about a particular medication being given to a family member, and that after 48 hours the drug was ceased. Another person stated that the Commission was not working effectively following its last restructure.

One speaker believed his parents, who were both in a high care facility, chose to end their own lives by not eating, drinking or taking medications. He stated that they had died alone in their room. The facility did not inform the family what was happening and told the family they had 24 hours to clear the room.

Another speaker said there was a need for regulation in balanced with compliance, the need for profit and the need for individual human dignity.

An Aboriginal woman described herself as ‘so angry’, but said ‘anger won’t fix this’:

> Our elderly come to you to live safe, comfortable, happy lives ‘til they die. Let’s make these places somewhere we would all be happy to let our mums die irrespective of race or what they did in their younger years. Every elderly person in Australia has the right to die with dignity, grace and respect.

Two of the speakers had nothing but praise for the facility where their family member resided.

4.9 Brisbane community forum

The eighth community forum was held on 19 August 2019 at the Brisbane Convention and Entertainment Centre in South Bank at Brisbane in Queensland, with Commissioner Briggs attending. There were 20 speakers and about 260 people attended.

Speakers focused on a range of topics, such as the following: challenges with My Aged Care (including the complaints systems, both current and past); guardianship aspects and the use and misuse of enduring power of attorney; dementia care; the cost of care; challenges for people with a disability; people from culturally and linguistically diverse backgrounds; people with a vision impairment or blindness; and the importance of family advocacy.

One speaker commented on what he called ‘the entire debacle’ of his experience with My Aged Care and the Aged Care Assessment Team:

> It is a very complicated system and difficult to understand even for a university educated person—I despair for the elderly with no one to help or advocate for them.

> The bureaucracy around aged care services is beyond comprehension; and the waste of money and resources filling in paperwork aggravating. My Aged Care does not focus on the person needing the care, but on their systems. Once, the wait time for an assessment to get someone to assist him to put a plastic bag on his arm prior to a shower, when his arm was in a cast, was 6 weeks, by which point the cast would be off.

> From a ‘consumer’ perspective, My Aged Care is simply woeful. Not one of the many people to whom I have spoken has ever said ‘let me have a look into this and try and find a solution’. They tick a box, and hang up.

One speaker, who had experienced challenges with enduring power of attorney, the aged care complaints system and the Queensland Civil and Administrative Tribunal, said:

> My mother suffered for eight years, and died in the most horrific and painful way. This could have been prevented if she was cared for properly. My life will never be the same again.

Another speaker said they had lost confidence in the Complaints Commission because they received an acknowledgment of the complaint but with another person's complaint information. According to the speaker, the complaint assessor was difficult to contact and unresponsive, requiring the speaker to follow up and undertake significant research to prove staff were lying.

One speaker highlighted poor responses from the aged care complaints system, along with insensitivity to the needs of Forgotten Australians:

> My understanding of the role of an Aged Care Commission is to uphold high standards for all residents in care, however my experience was that they did not want to know about any troubles experienced by my mother, a 'Forgotten Australian'. I was passed from person to person and the process was made exceedingly difficult and traumatic for me.

One speaker identified access barriers for deaf older people:

> Most Deaf Australian Elders are able to access free medical interpreters for their limited health, allied health and GP appointments through National Auslan Booking Services known as 'NABS'. However, the Deaf Australian Elders are having greater difficulties and uncertainty over their futures for receiving support services and facilities for the Deaf needs…due to gaps and breakdowns of government funding systems in different areas, such as Health, Medicare, NDIS/NDIA [National Disability Insurance Scheme / National Disability Insurance Agency], My Aged Care, Seniors support, Hospital (Public and Private Hospitals) and Education (for further study if the Deaf Australian person age 65+ wishes to study at TAFEs/colleges or universities)…These Deaf people from the Australian Deaf Elders group have to be fully reliant on their hearing adult children or relatives or senior hearing signing family members to provide free basic sign language interpretation for their simple appointments/errands even (though) they are entitled to free qualified Auslan interpreters with NAATI [National Accreditation Authority for Translators and Interpreters] licences.

Several speakers described the failures in care experienced by vulnerable family members in care. One speaker said that her mother's needs were not understood and there were constant instances of inadequate care, such as unsafe positioning, becoming chilled when in front of an air conditioner, hygiene issues such as soiled clothes, and rough handling resulting in bruising.

Another speaker believed there was a lack of humanity in the institutional delivery of aged care, and emphasised the importance of family advocacy to ensure that the needs of the older person were met:

> The 'aged care' we have experienced could be characterised as often lacking in 'care'. These shortfalls place a heavy burden on us to always be 'on guard'—to always double-check, to play detective, to second-guess. They are thieves stealing away our time with our dad, forcing us to spend it scrutinising the very institutions entrusted with his care.

4.10 Rockhampton community forum

The ninth Royal Commission into Aged Care Quality and Safety community forum was held on 20 August 2019 in Callaghan Park Functions and Events Centre at Rockhampton in Queensland, with Commissioner Briggs attending. There were 12 speakers, with approximately 60 people in attendance.

Many speakers told of their concerns about residential care facilities, including the lack of activities and the lack of choice for residents. They also provided examples of sub-standard medical care and neglect. One speaker noted the lack of activities, apart from 'TV all day'. Another speaker explained how her mother had to shower at 6am in winter: 'She was told that she didn't have a choice in the matter that was when the personal care was done.' Another speaker said that their mother had lost 24 kilograms while in recovery at a residential aged care facility, noting that the family supplemented meals almost daily. Another speaker said that:

> The residential aged care facility withheld all recovery treatment to my friend and there was no consequence for this.

One family member said that their loved one had a pressure sore in their sacrum area. The wound deteriorated 'and smelt bad'. The wound was subsequently identified as a severe septic infection that required strong intravenous antibiotics and a 10-day hospital visit.

Another speaker stated that her friend's death was referred to the Coroner as a reportable death:

> But where is protection for elderly if there are no real consequences for residential aged care facilities when treatment is withheld? My friend experienced multiple care failures and there was total neglect.

Speakers commented on the Aged Care Quality and Safety Commission, including the complaints process:

> We made a complaint to the Complaints Commissioner. It was an intimidating process and the family felt let down. We were told the Complaints Commission could not help with the problems. Why would they say this? The Complaints Commission did not check back with the aged care facility and there was no follow-up to see if matters were addressed. The family needed to monitor care and if they didn't, our father would not be alive.

Another speaker suggested that:

> ACQSC [Aged Care Quality and Safety Commission] should be able to identify criminal behaviours and have people responsible prosecuted. This will go a long way to building a culture of respect for the elderly.

Speakers also questioned the rights charter and legal system. One speaker suggested that the Charter of Aged Care Rights should mean that 'older people are protected and we don't have to be here'. Another person stated that the legal system 'doesn't respect and protect elders'.

One speaker discussed the affordability of care and related financial issues:

> More communication is needed between facilities, residents and families. Forums are needed for families to advise them about choices when a resident's savings have run out.

According to some speakers, older people want to stay living at home, with concerns raised about transition care and home care packages:

> Home Care Packages don't cut the mustard. Level 4 HCP doesn't provide anywhere near the 24 hour a day support need for people living with dementia.

> There is an inability to get home care packages and palliative care packages in a timely way.

Speakers commented on staffing issues in aged care, including the lack of staff, staff being underpaid, staff not having a career path and staff receiving inadequate training.

A dentist highlighted how poor dental health had an impact on overall health, noting the need for oral care plans. The speaker stated that university trials had shown that dental treatment in residential aged care facilities and in home care reduced costs.

Another speaker discussed food safety for 'robust food safety programs, as safe and nutritious food is an important aspect of aged care'.

Several speakers commented upon the need for inclusive access to services, including the need for aged care facilities to focus on the whole person. Another speaker emphasises the importance of respect:

> Mum is not the same person as she was 50 or 60 years ago—or even 2 years ago—but she is still an amazing woman with a lot to contribute. All older people deserve respect.

The question of respect also arose in the context of end-of life-care:

> We need quality end-of-life care. We need medication available in RACF [Residential Aged Care Facility] to provide pain relief and help families to understand loved ones' needs.

One speaker said that Aged and Disability Advocacy was very helpful. Another speaker noted examples of good care abroad, such as Green House homes in the US and dementia villages in the Netherlands.

4.11 Launceston community forum

The 10th community forum was held on 3 October 2019 at the Grand Chancellor Hotel, Launceston, in Tasmania, with Commissioner Briggs attending. There were 19 speakers and about 210 people attended.

Speakers referred to challenges in accessing timely, supportive and appropriate medical care. Issues raised included: poor medication management, the use of physical and chemical restraints, unrealistic pressures on staff members, and low levels of skills among staff members. Further concerns were raised about the need for skilled staffing and adequate numbers to care for residents living with dementia, the importance of family members and friends operating as carers and advocates, the challenges of caring for a loved one when living interstate, and the intimidation of residents and their family members.

One speaker described a lack of respect for older people and instances of unsafe care delivered by general practitioners, emergency departments and the aged care workforce. Another spoke of her family's challenges with a lack of empathy shown by a general practitioner towards her father as his health deteriorated:

> After trying medications without success, there appeared to be an 'attitude of dismissal' towards dad, as if he was 'past the point of no return' and he should resign himself to an aged care home.
>
> Dad entered what was to be the first of three residential facilities and it quickly became apparent that we were negotiating a system that was 'broken'. I kept moving him, hoping in vain to find the best possible care.

The partner of an aged care resident with Huntington's disease spoke of their partner's transfer into residential aged care and the gap between his health care needs and the ability of the aged care system to meet them:

> Due to overload in the acute care health system, people with co-morbidities are being transferred early into the aged care sector, making the nursing homes medical wards with higher acuity patients, but without proper staffing.

A daughter spoke of the experience of her mother, living with Lewy Body dementia. Her experiences included mistreatment and poor medical care, admission and re-admissions to respite care, emergency departments, assessment centres, and a 'high care facility'—in the case of the latter, only to be returned to the emergency department as the 'high care facility' had just one staff member on duty overnight.

This daughter described her mother experiencing 'multiple injuries' and ultimately being diagnosed with a broken hip—undetected for 10 days. Her surgery was subsequently delayed due to an infected catheter. Following the surgery, family members were told, 'she can never be rehabilitated' and they were asked to consider palliative care. The daughter said:

> Her life had become a nightmare of fear, injury, pain, loss, grief, displacement, confusion and rejection.
>
> Surely, she should have been given immediate palliative care and never have had that hip operated on, saving her so much pain and agony.

The same woman said when her father was told later that his own illness of prostate cancer had progressed to his bones, he made his own decision about his future:

> He had seen the nursing homes, seen what happened to his wife, so he would never consider one for himself! He refused my entreaties to come and live with us in Launceston.
>
> …aged 91, he climbed a tree in the back yard of his beloved home and hung himself. The letter he left us confirmed that he had chosen to end his life, hanging from a tree, rather than go through the five months of sheer hell that he had seen my mother suffer.

A number of speakers raised concerns about a workforce under immense pressure and the impact this has on those receiving care. One daughter highlighted the impact of inadequate staffing on her mother's care, resulting in a loss of dignity, increased vulnerability and distress:

> I would like to clarify from the outset that we have the utmost respect for aged care workers. It is obvious to anyone that spends time within the aged care system that they are under-resourced, overworked and underpaid. It is the system at fault here, not the staff.
>
> To this end, we have witnessed a massive turnover in staff, impacting upon mum's ability to form trusting and meaningful long-term personal relationships with the staff. This adds to her sense of vulnerability, distrust and sense of worth.

A daughter of another woman spoke of the neglect and loneliness that many aged care residents experience, exacerbated by low levels of staffing:

> It is a sobering thought that 40% of residents in aged care have no visitors, none at all. Our mum receives daily visits, sometimes twice daily. We observe and we witness—staff under increasing pressure, residents with way too much time in-between personal care, residents who need assistance with meals not receiving the care they need, and deep, deep loneliness.
>
> Aged care should not be a money-making exercise. It should not be for-profit and this culture needs to change.

A speaker representing a State-wide advocacy group for carers stated that families and carers are doing the heavy lifting in caring for older Tasmanians:

> Our family carers watch as the person they are caring for deteriorates while they literally wait for someone to die to be able to get their own package funded. And by the time it is, it often isn't at the right level to address their worsening needs.

Concerns about speaking up were highlighted by a number of speakers. One said:

> Ageism is a very real issue that ageing residents are likely to find themselves in, especially when vulnerable; fearful to speak out in case nothing changes or when they have been told that if they complain, good staff they like will get into trouble and they would not want that.

Several speakers made suggestions and observations focused on the potential for improvements to aged care services and the system. One speaker proposed there be:

> a set of core key values at all residential care facilities observed by staff and residents i.e. dignity, integrity, diversity, collaboration, trustworthiness, compassion, and respect …

Another speaker promoted the concept of:

> a system that promotes the health, happiness and engagement of older Australians;
>
> - to maintain and support family and community in their non-commercial support for the aged
> - to help older people support themselves and maintain their contribution to the wider community
> - to help the aged to retain maximum independence
> - to listen and respond to their preferences.
>
> This will maximise human happiness and minimise societal costs.

The partner of a person living in residential aged care proposed that a new system should respect older people and be accountable, concluding:

> Can I just say the new model of aged care needs to respect and value the dignity of older Australians. They are not an epidemic or problem to be sorted. The properly funded model needs to embrace human health needs and contain clear accountabilities and responsibilities, with well-educated staff caring for us in this last stage of our lives.

4.12 Canberra community forum

Commissioner Briggs attended the 11th community forum, held at the QT Hotel, Canberra, in the Australian Capital Territory, on 25 November 2019. There were 20 speakers and approximately 150 members of the public attended.

Speakers referred to the 'interface' between health and aged care systems and services and failures between them, sometimes leading to dire consequences because of a lack of continuity in treatment and care. Other issues raised included a need for allied health services in aged care, inappropriate placement of young people with disabilities in

residential aged care facilities, complexities around the cost of living in an aged care facility, and problems with the My Aged Care portal. There was representation from the LGBTI community, veterans and a peak multicultural body. These speakers raised a multitude of issues, including: the lack of advocacy, the lack of training and understanding of the needs of people from diverse groups, the lack of recognition of veterans in the aged care system, and problems of access to appropriate aged care for diverse groups in the community.

Some speakers highlighted difficulties in accessing appropriate therapies for family members and said this contributed to their family member's decline in health. The wife of a man who had frontal lobe dementia spoke of her husband's rapid deterioration on entering an aged care facility, where he died six months later. She spoke of staff not assisting with feeding him, so food was left untouched, and nurses being too busy to engage properly with residents. She added:

> Physios didn't have the time to spend on my husband who never walked again once in permanent care.

A daughter spoke about her late mother's experience, recovering from a fractured ankle, in an aged care facility. She said the facility could not provide any rehabilitation:

> I was advised that my mother could not access rehabilitation as she was in a facility.

This daughter described the lack of empathy or care for individual needs that her mother experienced:

> I asked the care manager if mum could be given some lunch and mentioned that she was a vegetarian…He then gestured towards her and said 'look at her… she's not going to know the difference between vegetables and pork'.

A physiotherapist spoke about the current aged care funding model and said it denies people access to restorative therapies that they could avail themselves of outside an aged care facility:

> The Aged Care Funding Instrument should allow consumers to choose the therapies that are effective in meeting their functional goals—in line with contemporary models of consumer directed care. There should be equity for ageing Australians in accessing quality treatment, not a two-tiered system with denial of effective therapy based on age.

The physiotherapist also referred to research that showed that falls were reduced by 55% when aged care residents had two physiotherapy sessions a week.

One speaker described her 58-year-old family member's inappropriate placement in residential aged care. She said the woman was placed in a dementia unit and denied essential schizophrenic medication and treatment. She described physical and sexual abuse, years of neglect, and a lack of proper up-to-date medication for the woman's condition. She said that carers did not attend to her needs and she was left alone and in pain with a mental health disorder.

She said:

> younger people with disabilities definitely need a place to call their own, to feel that they belong within society and above all to be treated with dignity and respect.

A woman who was receiving both aged care and disability services found the interface between them confusing. She asked that the Royal Commission consider the interaction between the two systems:

> The MAC [My Aged Care] scheme needs to allow for NDIS [National Disability Insurance Scheme] participants seeking supports not available to them in the NDIS or indeed all supports if they are removed with little warning. There should be a possibility for NDIS participants to apply for packages under MAC in case they lose NDIS.

Several speakers highlighted the complexity of the aged care system and difficulty they had accessing the right information. One man spoke about how he had to enter an aged care facility without government assistance which he said has put him into financial hardship. He said there should be better information available to users in relation to fees for residential aged care:

> Not only is it expensive, in my view, to be in a nursing home, it is also very difficult to find out how and what you need to understand about funding a nursing home bed.

The importance of increasing and improving Home Care Packages was addressed by a number of speakers. One raised the balance of funding between the Commonwealth Home Support Programme and Home Care Packages. She suggested that the Royal Commission give more attention to the former, rather than increasing the latter.

A former registered nurse said there needs to be a reduction of administration charges by providers of Home Care Packages and random audits of home care providers. They added that providers' profits should be capped.

A speaker from a consumer organisation suggested there should be a star rating system in aged care facilities similar to that used in the United Kingdom. She said there was a need for face-to-face information about navigating the system and a focus on reporting about quality of care in residential aged care facilities:

> there needs to be more focus on reporting on the quality of care in RACFs [residential aged care facilities], and making this information publicly available in ways that are easily understood by aged care consumers and the public.

A representative from a veterans' organisation spoke about the restrictions Ex-Service Organisations face in getting information through My Aged Care, restricting their ability to assist veterans. She also said that veterans living at home have access to full Australian Department of Veterans' Affairs psychological services, but once inside an aged care facility, there are restrictions on accessing services and in most cases the facilities do not include the provision of a psychologist:

> DVA's [Australian Department of Veterans' Affairs] motto used to be that they cared for veterans 'from enlistment to death'. They can no longer say that. It is now that they care for veterans from 'enlistment to My Aged Care'.

A hospital emergency department nurse described the Geriatric Rapid Acute Care Evaluation program, piloted at the hospital he works in. The program is aimed at decreasing transfers from aged care facilities to the Emergency Department. He suggested that the program be rolled out in every State and Territory.

A speaker who delivers 'Silver Rainbow' LGBTI awareness training to the aged care sector said the current system needs to be more accessible and inclusive for LGBTI older people. He said there should be more accessible training for aged care staff on the unique needs of LGBTI older people as many have a fear of entering residential facilities:

> It is important that aged care providers educate themselves and design and deliver culturally safe, inclusive services.

A representative from the culturally and linguistically diverse community said that outcomes for older Australians in this group have not improved and the Government should provide funding to monitor and evaluate the Aged Care Diversity Framework action plan. She said there is a lack of appropriate interpreters when using My Aged Care and that people from a culturally and linguistically diverse background are often misinterpreted or misunderstood. She proposed that advocacy services and bilingual officers be provided to this community and that there be mandatory cultural awareness training for the aged care workforce.

A former registered nurse who made numerous complaints to her employer regarding substandard care, said her concerns were ignored. She reported experiencing bullying and harassment over a prolonged period of time and said she ultimately left her job with mental health issues. She said she was punished for what she did and the system did not protect her when she was trying to protect residents and their families:

> It is clear from my experience that we cannot rely on an organisation to implement their own policies and follow best practice guidelines. The standards do not have any way of demonstrating that correct procedures are or have been followed.

The woman's husband, who worked in the aviation industry, said some of the problems in aged care are caused by the fact that there is no Mandatory Accident and Incident Reporting System, unlike in the aviation industry, and there is no voluntary confidential reporting system:

> In aviation there are strict time limits and heavy fines for failure to report accidents and incidents, but as far as I can tell, nothing like that in aged care.

One speaker, who had been supporting an older man, was concerned his friend had experienced abuse by an estranged family member who had used their Enduring Powers of Attorney to remove the man from his family. He advocated for the need to strengthen law enforcement powers across the States and to increase the authority of hospital staff to identify and report suspected elder abuse. He also suggested there should be a central database for Enduring Powers of Attorney which includes up-to-date, certified documentation to reduce abuse or contention.

There were other stories of people losing their right to personal choice and respect, and speakers questioned how aged care facilities were managed. A husband questioned the ethics and moral compass of some of the operators of aged care services and the ramifications on the quality of life of older people in care:

> One's life story can be usurped, engulfed and even trampled on by an outsourced, unregulated, under-staffed and dysfunctional aged care system…

4.13 Newcastle community forum

The 12th community forum was held on 27 November 2019 at NEX Wests City (Newcastle Exhibition Centre) in Newcastle, New South Wales, with Commissioner Briggs attending. There were 21 speakers and about 170 people attended.

Many spoke about staffing issues, including: insufficient staff numbers, a shortage of allied health services, high staff turnover, a lack of training, poor clinical knowledge and skills, a lack of professionalism, inappropriate use of language / terminology, and a requirement for the registration of people in the system. One speaker stated:

> The abilities, experience and attitudes of persons at all levels of care needs to be reviewed. It must become a privilege not a last port of call to be involved. Some just do not have the patience, skill or empathy and should not be involved.

One speaker suggested a top down approach to drive cultural change and said ideas should be obtained from staff members, volunteers, families and residents, stating:

> Some residents used to be captains of their industries and have great ideas to contribute.

Another speaker proposed the introduction of basic medical care in residential aged care facilities and said this should be in the hands of appropriately trained nurses, such as nurse practitioners. They said the assessment and management of dementia, including challenging behaviours, should be the responsibility of specialist dementia nurses.

Speakers provided examples of inadequate clinical care, neglect and failures of management. They described serious issues such as residents acquiring bone breakages and wounds, leading to sepsis.

One speaker raised concerns about the use of incorrect dressings, due to budget constraints. This led to a netted dressing being placed on the donor site of a skin graft so the new skin was growing into the net.

Speakers also described poor quality meals and insufficient support being made available to residents to enable them to maintain their personal hygiene:

> We regularly visit with dinners and keep a stash of snack food for him to eat, otherwise he starves. He is not being fed according to his needs, even after the new standards have been rolled out.

Another speaker said:

> My wife refuses to be showered by a male nurse and where there isn't a second female nurse in attendance she isn't showered.

One speaker commented that a residential care facility did not inform them of the need for an insurance policy to cover the loss / theft of personal items.

Other concerns raised included the mismanagement of medication, and pain being under-recognised and under-treated, saying that people:

> with inadequate pain management are at increased risk of falls, have higher rates of depression, anxiety, confusion and agitation, reduced quality of life and poor physical function...We have an ethical and moral obligation to ensure that our elders have access to the most contemporary, timely and effective management of their pain from now and into the future.

A speaker expressed the view that there needs to be more public education about positive aspects of ageing. Several speakers raised concerns about loss of social contact, including one who said:

> One of our biggest problems is social isolation. Some days, the only person outside the three of us that we see, is the personal care assistant for the shower/ dressing in the morning.

Another stated:

> Isolated older people living in the community are at risk of loneliness, depression and suicide but are also vulnerable in extreme weather events, which will become more common with each passing year. We need a national plan to safely identify these people and strategies to minimise isolation and vulnerability.

Although examples were provided of lengthy waiting times for Home Care Packages, insufficient home care assistance, inflexibility of Home Care Packages, and a shortage of respite services, speakers also said they want to live in their own homes and receive home care where possible. One stated:

> The length of time involved in getting in-home care packages is far too long and needs reassessing and should reflect the different needs instead of being set at varying levels.

In regard to home modification, one speaker said:

> Requirements for provision of in-home modifications needs consultation with the customer to consider their wishes and finances, rather than a set agenda.

One speaker referred to the challenge of getting respite as ‘a chaotic and humiliating experience’.

Speakers made a range of suggestions to improve the aged care sector, including suggestions of:

- more stringent laws on employee / officer behaviour
- a new Aged Care Act, an enforceable code of operating standards and an independent complaints tribunal
- compulsory cameras
- a buddy program to help people adjust with their transition into care and programs to help alleviate depression and loneliness
- alternative housing to institutional settings.

4.14 Community forum questionnaire summary

A questionnaire was distributed at each of the Royal Commission’s 12 community forums to give the 2400-plus people who attended a further opportunity to tell their stories and express views about aged care. It provided an additional, informal way for people to ‘put pen to paper’ rather than speaking at the forum or making a submission. The questionnaire also enabled those attending to comment about matters raised by speakers.

The questionnaire included the following three questions:

- What are the problems or challenges in aged care?
- What can be done to achieve high quality, safe, person-centred care into the future?
- How can we build a culture of dignity and respect for older people?

A summary of the responses to these questions is below. A fourth ‘open’ question provided an opportunity to make any further comments.

Respondents wrote about many issues, including home care, experiences in the community, dementia, person-centred care, choice and control, and residential care. There were also stories and views about transitioning into aged care, navigating the system, access and inclusion, rural and remote considerations, and younger people with a disability in residential aged care.

An overall total of 251 questionnaires were completed, equating to approximately 10% of people who attended the 12 community forums.

4.14.1 Question 1: Issues: what are the problems or challenges in aged care?

Many people identified inadequacies in staffing numbers and the mix of skills as a significant problem in aged care, with some viewing workforce numbers as insufficient to meet individual, basic daily needs. Some people empathised with aged care workers and cited a need for better regulation and training of the workforce. One person suggested that training should include interaction with people receiving care and that training should not be rushed.

The difficulties in securing Home Care Packages, in particular the length of time it takes to get them, was another common concern. Some suggested this is putting extreme stress on older people who need these packages, and also on providers. Many were concerned about what they see as an absence of oversight in the delivery, implementation and evaluation of packages.

Other challenges identified were the delivery of services in remote and rural areas. In particular, the lack of available, qualified workers, staff retention problems, high costs of travel and access to appropriate food. One person wrote:

> choice and control in these areas can be a bit of a joke.

People also expressed a reluctance for 'remote oversight', where operations such as the rostering of staff at remote aged care homes are done in a capital city. Others wrote that the Aged Care Quality and Safety Commission accreditation system needs to better match remote and rural needs.

Another significant area of concern centred on navigating 'the system', with the My Aged Care website a particular concern. Some people also raised overlaps between the aged care system and primary care networks, as well as 'constant changes' in policy, as adding to the confusion.

A lack of contemporary dementia care was a further area of concern. Respondents suggested that all aged care staff members should hold a minimum dementia qualification. The funding model, locked units and loneliness were all identified as issues that need to be reviewed and improved.

Others wrote that person-centred care is poorly understood and inconsistently implemented. Some believed that there is a lack of energy or enthusiasm about this and different new models of care. Others suggested that families are afraid to speak out. Language barriers were cited as a very common barrier to residents receiving person-centred care.

Family members of older people wrote about wanting to be included in the planning and delivery of care. They saw this as integral to increasing the safety and comfort of older people in aged care. One proposed that this be included in the accreditation process. Many suggested the development of a personal care plan, visible in each person's room.

The quality of meals in aged care, including doubts about the nutritional value and temperatures of meals served, as well as the timing of meals and the adequacy of variation, were raised. One person simply wrote:

> make sure someone in the kitchen can cook!

People raised a number of issues associated with leadership and governance. These ranged from concerns about vetting processes for prospective staff members to the licensing and monitoring of providers, as well as the knowledge providers have about aged care and standards. Some said that the Aged Care Quality Standards are ambiguous.

The funding methodology in aged care was also raised, with some doubting the model is adequate in addressing the increasing complexity of care as older people live longer, and with more than one chronic condition. The level of fees applied to the administration of Home Care Packages providers caused concern and some respondents said current dementia care and palliative care funding models need to improve.

Finally, several people observed the inability to interpret current data and some said there was a lack of motivation by aged care providers to embrace change. One wrote:

> the sector lacks innovation. It largely continues to operate as it did 20 years ago.

4.14.2 Question 2: Opportunities: what can be done to achieve high quality, safe, person-centred care into the future?

Respondents identified a wide range of potential improvements for the future. A recurring theme was that the delivery of high quality, safe and person-centred care can be improved by addressing the remuneration of the aged care workforce. People referred to media attention about this issue and the length of time this has been on the aged care agenda without progress. Others identified improving collaborations with universities in the training of aged care staff members and focusing on fine-tuning the nursing degree in aged care competencies as other areas of opportunity to address concerns about workforce issues.

Particular comment was made about services provided to Aboriginal and Torres Strait Islander people, with people suggesting that shortfalls in this area can be addressed by encouraging and supporting Aboriginal and Torres Strait Islander people to select careers in aged care, particularly related to medical and allied health professions.

Some respondents also said it is important to ensure general practitioners can be available 24 hours a day, that incentives are offered to geriatricians to work in remote and rural areas, and that more 'local people' become involved in delivering care. The provision of more on-the-job practical training—as opposed to online certificate programs—and collaborations between ambulance services and the aged care sector were among other innovative suggestions.

The Home Care Package program was another area which people suggested required overhauling due to issues with timeliness and efficiency. Some felt that changing policies, to focus on care needs rather than consumer wants, would help address this, and that improvements would reduce the need for older people to go into residential care. One respondent suggested a diabetes focus be embedded in the home care workforce.

Drawing on experiences of neglectful care and elder abuse, some respondents said the values and principles of some aged care providers need to change. One person wrote:

> aged care needs to be social work value led rather than business led.

Pockets of excellence were also highlighted, but respondents advocated for consistency through stronger oversight and supportive leadership in the areas of technology, governance, policy and methodologies in aged care.

Some people called for better models for dementia care and innovations like integrating kindergarten children in residential aged care facilities. People identified a need to increase the knowledge of aged care workers in the area of dementia, and to develop a care model to address the care needs of older people living with Lewy Body Dementia. They also suggested attaching primary care dementia nurses to aged care homes.

Some respondents also wrote that there were opportunities for improvements in safe and high quality care by making navigation and care between the health system and aged care seamless. One person wrote that older people often feel like they are 'entering a lottery' in this area.

Some people also acknowledged the costs associated with caring for an ageing population and suggested that changes to funding approaches can drive improvements. Others advocated for research to bring new investment. Some proposed the removal of privatisation in aged care. The asset test and accommodation deposits also drew criticism as unfair. However, others indicated that they believed a community expectation that one should not have to fund one's own aged care needs to shift.

The *Aged Care Act 1997* (Cth) also attracted comments, with some calling for legislative reform based on human rights and the removal of boards that have no knowledge of aged care governance. Some suggested that the Act may no longer be working for older people and should be reviewed.

New technologies were seen as an area for significant opportunity, providing mechanisms for improved transparency, greater efficiency, and providing answers to many care problems. Telehealth was seen as opportunity to improve access of older people to specialised health services. One person suggested the introduction of robotic pets and virtual reality for older people.

The involvement of diverse groups in the community in guiding access and inclusion policies in the aged care sector was another strategy that people suggested as an opportunity for improvement.

4.14.3 Question 3: Dignity and respect: how can we build a culture of dignity and respect for older people?

Many people considered that good culture develops from leadership and governance—but they found these lacking in their experience of the aged care sector. Some suggested removing the word 'consumer' from aged care because they believed this would help personalise care and promote dignity and respect. Annual training in dignity and respect was also suggested.

Some wrote that a media focus on the benefits of ageing and interaction with children would build positive cultural change, along with encouraging closer family ties and carer involvement. Countering ageism and discrimination more generally in the community was seen as another way to promote dignity and respect in aged care services.

Many respondents saw a need to monitor for elder abuse. Some respondents suggested that video cameras may be the only solution to ensure that people living in residential aged care are assisted to eat and treated well. Others saw a need to challenge assumptions that everyone is heterosexual or from the same cultural background. Several people raised education and training in diversity and person-centred care as key to improving respect and dignity. One person considered that diversity consultation is integral to understanding and responding to cultural needs, and to promote inclusiveness, dignity and respect. Others said aged care legislation should place human rights at its core.

Some respondents also wrote that older people should be given adequate information and time to make choices and be listened to. They said that this was not currently the case, with older people sometimes being treated like children and given no privacy. Some also felt there was a need for fairer complaint and grievance processes.

There was also a call for greater emphasis on supporting staff members who work in aged care, with the focus shifting from bad things that occur in aged care to encouragement and support. High values-based recruitment and training of all staff was often emphasised.

Appendix 5: Summary of Background Papers

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The Royal Commission publicly released eight background papers between February and October 2019. The papers were designed to inform the Royal Commissioners and orientate members of the public about issues of relevance to aged care in Australia. In some cases, they were released prior to hearings that explored topics addressed in the papers.

The papers were made available to members of the public on the Royal Commission's website.

Views expressed within the papers are not necessarily those of the Commissioners.

Background Paper 1: Navigating the maze: an overview of Australia's current aged care system

This paper outlines different aspects of the Australian aged care system, the services currently being delivered in Australia and the areas in need of substantial reform. The paper provides a general overview and some background information relevant to key issues for the Royal Commission.

Prepared by a Royal Commission Senior Adviser, Ms Carolyn Smith, and the Office of the Royal Commission.

Published: 25 February 2019.

Background Paper 2: Medium-and long-term pressures on the system: the changing demographics and dynamics of aged care

This paper outlines how demographic, social and economic pressures will impact on aged care in Australia. It explores complex issues associated with the country's changing demographic profile, including changes in patterns of disease and dependency, the rising incidence of dementia, changing expectations and the changing cultural profile of the Australian community. It also explores current arrangements, future pressures and a greater need for preventative and restorative health.

Prepared by a Royal Commission Senior Adviser, Dr David Cullen, and the Office of the Royal Commission.

Published: 1 May 2019.

Background Paper 3: Dementia in Australia: nature, prevalence and care

This paper provides a high-level introduction to dementia, including its nature, its prevalence in Australia, and information research about how best to care for people living with dementia. Dementia is a complex and broad set of conditions which can have a devastating impact on people's lives—those living with dementia and their families, close friends and carers.

Prepared by the Office of the Royal Commission.

Published: 3 May 2019.

Background Paper 4: Restrictive practices in residential aged care in Australia

This paper provides a high-level introduction to restrictive practices in residential aged care in Australia, as they were at the time of publication.

Prepared by the Office of the Royal Commission.

Published: 3 May 2019.

Background Paper 5: Advance care planning in Australia

This paper summarises research on the uptake, benefits, issues and practices associated with advance care planning. It also outlines the various arrangements for advance care planning in place in each State and Territory at the time of publication.

Prepared by the Office of the Royal Commission.

Published: 20 June 2019.

Background Paper 6: Carers of older Australians

This paper provides a high-level introduction to the role of family members and friends who provide what is often called informal and unpaid care to older people. It provides an overview of the role of carers, the impact of caring and carer needs, and available support and services at the time of publication.

Prepared by the Office of the Royal Commission.

Published: 26 July 2019.

Background Paper 7: Legislative framework for Aged Care Quality and Safety regulation

This paper summarises the key aspects of quality and safety regulation provided for in the *Aged Care Act 1997* (Cth), the *Aged Care Quality and Safety Commission Act 2018* (Cth) and supporting legislative instruments, at the time of publication. There have been significant legislative amendments since the publication of this background paper—notably, on 1 January 2020, legislation commenced that shifted a range of functions from the Australian Department of Health to the Aged Care Quality and Safety Commission.

Prepared by the Office of the Royal Commission.

Published: 2 August 2019.

Background Paper 8: A History of Aged Care Reviews

This background paper provides an overview of 18 major public reports and inquiries related to publicly-funded aged care in Australia since 1997, and looks at government responses to each of these. It includes reports by Parliamentary committees, the Productivity Commission, the Australian Law Reform Commission and other independent reviews commissioned by the Australian Government. The reviews and inquiries examined in the paper have addressed multiple aspects of the aged care system, including funding, workforce, the regulatory system, young people in residential aged care, palliative care, dementia care, and quality and safety.

Prepared by the Office of the Royal Commission.

Published: 28 October 2019.

Appendix 6: Commissioned Reports

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The Royal Commission completed a wide range of innovative research that answered policy questions and informed the recommendations in this report. This internal and commissioned research included economic modelling, surveys, focus groups, analysis of industry finances, calculation of quality indicators, and research into international practice and benchmarks. As part of the research, 100 gigabytes of data were acquired from different parts of the aged care system that had previously been inaccessible to researchers. Key commissioned research projects are listed here.

Commissioned reports published as research papers	
Report Title	**Research Paper 1—How Australian residential aged care staffing levels compare with international and national benchmarks**
Date Published	11 October 2019
Commissioned Organisation	Australian Health Services Research Institute, University of Wollongong
Authors	K Eagar, A Westera, M Snoek, C Kobel, C Loggie and R Gordon
Report Title	**Research Paper 2—Review of international systems for long-term care of older people**
Date Published	24 January 2020
Commissioned Organisation	Rehabilitation, Aged and Extended Care Group, Flinders University and THEMA Consulting
Authors	SM Dyer, M Valeri, N Arora, T Ross, M Winsall, D Tilden and M Crotty
Report Title	**Research Paper 3—Review of innovative models of aged care**
Date Published	24 January 2020
Commissioned Organisation	Flinders University, Bolton Clarke Research Institute, SAHMRI and Stand Out Report
Authors	SM Dyer, MEL van den Berg, K Barnett, A Brown, G Johnstone, K Laver, J Lowthian, AJ Maeder, C Meyer, C Moores, R Ogrin, A Parrella, T Ross, W Shulver, M Winsall and M Crotty
Report Title	**Research Paper 4—What Australians think of ageing and aged care**
Date Published	13 July 2020
Commissioned Organisation	Roy Morgan

Report Title	**Research Paper 5—They look after you, you look after them: Community attitudes to ageing and aged care**
Date Published	13 July 2020
Commissioned Organisation	Ispos
Report Title	**Research Paper 6—Australia's aged care system: assessing the views and preferences of the general public for quality of care and future funding**
Date Published	23 July 2020
Commissioned Organisation	Caring Futures Institute, Flinders University
Authors	J Ratcliffe, G Chen, J Cleland, B Kaambwa, J Khadka, C Hutchinson and R Milte
Report Title	**Research Paper 7—Models of integrated care, health and housing**
Date Published	13 August 2020
Commissioned Organisation	National Ageing Research Institute
Authors	AS Gilbert, E Owusu-Addo, P Feldman, P Mackell, SM Garratt and B Brijnath
Report Title	**Research Paper 8—International and national quality and safety indicators for aged care**
Date Published	24 August 2020
Commissioned Organisation	SAHMRI
Authors	GE Caughey, CE Lang, SC Bray, M Moldovan, RN Jorissen, S Wesselingh and MC Inacio
Report Title	**Research Paper 9—The cost of residential aged care**
Date Published	27 August 2020
Commissioned Organisation	University of Queensland
Report Title	**Research Paper 10—Technical mapping between ACFI and AN-ACC**
Date Published	27 August 2020
Commissioned Organisation	University of Wollongong
Authors	C Kobel and K Eagar

Report Title	**Research Paper 11—Aged care reform: projecting future impacts**
Date Published	7 September 2020
Commissioned Organisation	Deloitte Access Economics
Report Title	**Research Paper 12—Report on the profitability and viability of the Australian aged care industry**
Date Published	9 September 2020
Commissioned Organisation	BDO
Report Title	**Research Paper 13—Inside the system: aged care residents' perspectives care**
Date Published	21 October 2020
Commissioned Organisation	National Ageing Research Institute
Authors	F Batchelor, S Savvas, C Dang, AMY Goh, P Levinger, A Peck, I Katz and B Dow
Report Title	**Research Paper 14—Inside the system: home and respite care clients' perspectives**
Date Published	21 October 2020
Commissioned Organisation	National Ageing Research Institute
Authors	F Batchelor, S Savvas, A Peck, C Dang, C Wade, AMY Goh and B Dow
Report Title	**Research Paper 20—Australia's aged care system: the quality of care experience and community expectations**
Date Published	16 February 2021
Commissioned Organisation	Caring Futures Institute, Flinders University
Authors	J Ratcliffe, G Chen, J Khadka, S Kumaran, C Hutchinson, R Milte, S Savvas and F Batchelor

Appendix 7: Summary of Commissioners' International Research, January 2020

Appendix 7: Summary of Commissioners' International Research, January 2020

We undertook international research, in January 2020, to:

- examine approaches to aged care design and funding in different countries, and consider whether and how they could apply to Australia
- meet with experts on ageing, aged care design and delivery, quality and measurement of quality, governance, system design, funding models and implementation of transformational change
- view practical examples of innovative aged care services which might be relevant to, or applied, in some way in Australia.

The table provides an outline of meetings and site visits, listed in chronological order. These meetings and site visits helped us form views about the aged care system in Australia—and to understand high quality and safe care for older people internationally.

International research		
Meeting	**Date**	**Content of meetings**
United States of America		
International Association for the Study of Pain	13 January 2020	Commissioner Briggs met with Mr Matthew D'Uva, then Chief Executive Officer of the International Association for the Study of Pain, to discuss best practice studies in pain management for older people.
United States of America, Department of Health and Human Services	13 January 2020	Commissioner Briggs met with Mr Lance Robertson, Administrator & Assistant Secretary for Aging, Administration for Community Living, an operating division of the United States Department of Health & Human Services, and other officers from the Department of Health and Human Services including the Centers for Medicare and Medicaid Services. The discussion explored the approach of the United States to aged care policy and programs, including the Nursing Home Compare system, a web-based tool that provides detailed information about every Medicare and Medicaid-certified nursing facility in the United States.

International research		
Meeting	**Date**	**Content of meetings**
Dr Jerry Avorn MD, Professor of Medicine, Harvard Medical School	14 January 2020	Commissioner Briggs met with Dr Jerry Avorn, who has published extensively on the use of antipsychotic medicines in older people. Matters discussed included: the extent of antipsychotic prescribing in the United States; causes of inappropriate prescribing; efficacy of different policy responses; quality use of medicines generally for older people; and the 'academic detailing' approach to continuing medical education for doctors.
Professor Malcolm K Sparrow, John F. Kennedy School of Government	14 January 2020	Commissioner Briggs met with Professor Malcolm Sparrow, a leading international expert in regulatory and enforcement strategy, security and risk control. Matters discussed included: risk-control functions of government; the challenges of social regulation; discovery mechanisms; compliance management and consequences for non-compliance; and the skills required of the regulator.
Dr David Grabowski PhD, Professor of Health Care Policy, Harvard Medical School	14 January 2020	Commissioner Briggs met with Dr David Grabowski, an internationally recognised health economist and health services researcher. Matters discussed included: Professor Grabowski's research into the economics of ageing and health care regulation; the market for long-term care services; improving quality of care, including through increased staffing; and rebalancing long-term care to increase care in the home.
Beacon Hill Village	14 January 2020	Commissioner Briggs met with representatives from Beacon Hill Village, a non-profit community group in the Boston central business district, which coordinates a range of support services, social and wellbeing programs, cultural and educational activities, and excursions for its members such as transportation, gardening and social activities. The concept is a peer-led approach of 'neighbours helping neighbours'. She met with Ms Susan McWhinney-Morse, co-Founder and Board Member, Mr Doug Fitzsimmons, Board President, and others. They discussed: the founding of Beacon Hill Village; approaches to building social capital, community engagement and community development; funding arrangements; and replicating the approach in other settings.
Leonard Florence Center For Living	15 January 2020	Commissioner Briggs visited the Leonard Florence Center For Living site in Chelsea, Massachusetts, which was the first to adopt the Green House Model of care in an urban setting. She met with: Ms Betsy Mullins, the Chief Operating Officer; Ms Susan Ryan, Senior Director of the Green House Project; staff members; and residents. The visit included discussion of the Green House Model and philosophy, and a discussion about the innovative cognitive impairment / dementia model and its benefits to residents. Steve Saling, co-founder and now resident living with ALS, provided a tour of his home within the Leonard Florence Center and demonstrated the PEAC automation solution.

International research		
Meeting	**Date**	**Content of meetings**
Japan		
Professor Naoki Ikegami, St Luke's International University Graduate School of Public Health, Tokyo	15 January 2020	Commissioner Pagone and Senior Counsel Assisting, Mr Peter Gray QC, met with Professor Naoki Ikegami at St Luke's International University. The meeting covered: Professor Ikegami's research into long-term care insurance, the history of Japan's long-term care reforms, and certain economic and policy issues arising from analysis of the health and long-term care systems in Japan. This led to further telephone and email contact with Professor Ikegami later in the year, and to Professor Ikegami giving evidence by videolink at a hearing in September 2020.
Canada		
Research Institute for Aging and Schlegel Village at University Gates	16 January 2020	Commissioner Briggs met with Josie D'Avernas, Executive Director of the Research Institute for Aging; a number of researchers from the Institute; and staff from the Schlegel Village at University Gates and other on-site programs. The visit included: a tour of the research institute site and the Conestoga College Living Classroom; a visit with the GeriMedRisk interdisciplinary telemedicine services; and observing a Project Echo online peer-based learning meeting involving several Green House pilot communities. The meeting also included a visit to Schlegel Village, at University Gates in Ontario, a long-term care facility that is co-located and integrated with the research institute and the living classroom. The visit was facilitated by Dr Allen Power MD, Schlegel Chair in Aging and Dementia Innovation.
International Federation on Ageing	17 January 2020	Commissioner Briggs met with Dr Jane Barrett, Secretary General, and Mr Greg Shaw, Director International and Corporate Relations, at the International Federation on Ageing. Matters discussed included: the rights of older people and how to protect them; international research, including trends in ageing and aged care; and the World Health Organization Decade of Healthy Ageing.
Ontario Ministry of Long-Term Care	17 January 2020	Commissioner Briggs met with Ms Marie-Lison Fougère, Deputy Minister of Long-Term Care, and other representatives from the Ontario Ministry of Long-Term Care. Matters discussed included: the policy settings for long-term care in Ontario; the implementation and impact of the change to limit residential care to people with very high needs; and approaches to staff ratios, training and regulation and accreditation of long-term care.
Centre for Aging + Brain Health Innovation (CABHI) and Baycrest	17 January 2020	Commissioner Briggs visited the Baycrest Health Sciences complex, which is affiliated with the University of Toronto. She toured the site, including visiting the Centre for Aging + Brain Health Innovation (CABHI), and the independent living, independent assisted living and residential care sites located within the complex. During the visit, information about systems interfaces between health and aged care, as well as research and aged care, was explored. The visit was facilitated by Ms Jacqueline Baptist, Marketing and Business Development Lead, CABHI.

International research		
Meeting	**Date**	**Content of meetings**
The Netherlands		
De Hogeweyk	20 January 2020	Commissioners Pagone and Briggs visited De Hogeweyk, in Weesp, which delivers residential aged care for people with dementia, using a 'neighbourhood' model. They visited the site of service, including one of the homes. They met with Ms Jannette Spiering and Mr Eloy Van Hal, who are among the founders of The Hogeweyk Care Concept. They discussed the Hogeweyk Care Concept and their staff and volunteer workforces, and provided a tour of the facilities and a home on the site.
Topaz Revitel	20 January 2020	Commissioners Pagone and Briggs visited the Topaz Revitel site in Leiden, a specialty rehabilitation hotel. They met with: Mr Edwin Kalbfleisch, Chief Executive Officer; Ms Nancy Beukers, Domain Manager Specialist Short-term Care and Treatment; and several members of the care team. They discussed the innovative model of geriatric rehabilitation at Topaz Revitel.
Buurtzorg	20 January 2020	Commissioners Pagone and Briggs met with Mr Ard Leferink, co-founder of Buurtzorg, which delivers aged care services in the home using a 'neighbourhood care' model based on nurses working in self-managed teams. The discussion covered the care model and the information technology system that supports it. Ms Corinne Tutein from VGZ, an insurer, also attended this meeting and provided broader context for aged care and insurance in the Netherlands.
The Hague University of Applied Sciences	21 January 2020	Commissioners Pagone and Briggs met with Professor Joost van Hoof, Chair, and other members of the Urban Ageing research group at the Centre of Expertise Health Innovation, Hague University of Applied Sciences. The Commissioners heard about the group's research into ageing issues, including the quality of daily living of older adults in the city of Hague. Themes explored included dementia, participation, vitality, ageing-in-place, and diversity of the urban population.
The Ministry of Health, Welfare and Sport, the Netherlands	22 January 2020	Commissioners Pagone and Briggs met with Ms Jacqueline Hoogendam and Mr Martin Holling from the Directorate for Long-Term Care at the Ministry of Health, Welfare and Sport, responsible for aged care policy and implementing a decentralised aged care system. The discussion covered: the decentralised aged care system in the Netherlands from the perspective of those administering the system and how it works; and initiatives to achieve a dementia-friendly society.

International research		
Meeting	**Date**	**Content of meetings**
Germany		
Federal Ministry of Health, Germany	22 January 2020	Commissioners Pagone and Briggs met with Dr Martin Scholkopf, Head of Long-Term Care Insurance Directorate at the Ministry of Health. Matters discussed included: the structure of long-term care in Germany; the long-term care workforce; funding of care through the insurance system; strengths and weaknesses of the model; the intersection between the health and long-term care systems; and measuring quality.
Centre for Quality in Care	22 January 2020	Commissioners Pagone and Briggs met with Dr Ralf Suhr, Chairman, and other representatives from the Centre for Quality in Care—a non-profit, non-governmental foundation with the goal to improve health care, especially the quality of long-term care for older people in Germany. Matters discussed included: how best to support aged care research; the translation of research into practice to prevent harm and improve the quality of care for older people; management of chemical and physical restraint in Germany; and quality and safety in home care.
The National Association of Statutory Health Insurance Funds	22 January 2020	Commissioners Pagone and Briggs met with Dr Eckart Schnabel, Head of the Nursing Insurance Research Division at the National Association of Statutory Health Insurance Funds, the central association of German health insurance funds. Matters discussed included: the role of the association in the German long-term care model and its governance structure; the association's role in establishing regulations on contributions and statistical data; and the operation of the German model in practice.
Villa Albrecht	22 January 2020	Commissioners Pagone and Briggs visited the Villa Albrecht site in Berlin, an integrative outpatient senior centre run by the German Red Cross. They met with staff members at the centre and explored the different accommodation models and services offered, including: senior-friendly rental apartments; shared apartments for people with dementia; and a geriatric day care for older people living with physical conditions, dementia and/or mental illness.
Freunde alter Menschen	22 January 2020	Commissioners Pagone and Briggs visited a dementia flatshare, which operates as part of a model of housing for people living with dementia and which is supported by Freunde alter Menschen, a not-for-profit federation of volunteers working to fighting loneliness and poverty in old age. They met with Mr Klaus Pawletko, Managing Director, and discussed: the housing model, support and activities provided for residents; and the federation's advocacy role.

International research		
Meeting	**Date**	**Content of meetings**
Health Insurance Medical Service	23 January 2020	Commissioners Pagone and Briggs met with Mr Hendrik Haselmann, Head of Communications, and Ms Janet Metz, Specialist in Quality Assurance in Nursing, from the Health Insurance Medical Service, jointly run by the statutory health insurance and long-term insurance funds. It is designed to ensure funds can provide medical and long-term care services adequately, expediently and economically. Matters discussed included: the role of the service in the German long-term care model; their advisory and assessment role; and the quality assessment process and grading structure.
Federal Ministry for Family Affairs, Senior Citizens, Women and Youth, Germany	23 January 2020	Commissioners Pagone and Briggs met with representatives from the Federal Ministry for Family Affairs, Senior Citizens, Women and Youth, responsible for a variety of policy areas including older people and promoting solidarity between generations. The discussion explored German approaches to ageing, including policies and programs to support older people and carers.
Sweden		
Neptuna and Malmö City Council	24 January 2020	Commissioners Pagone and Briggs visited the Neptuna site, a seafront housing development for people aged 55 years and over in Malmo, Sweden. Neptuna places older people at the heart of a community development plan which is part of a 'lifetime neighbourhood' where people do not need to leave their neighbourhood as they age and require care. They met with Mr Sven Yngvesson, Chief Executive Officer, Södertorpsgården, and discussed the care structures, funding and rental arrangements at Neptuna. Mr Anders Rubin, City Councillor, and Mr Mathias Johansson, Development Secretary from the Malmö City Council, also attended the meeting and provided an overview of the role and responsibilities of local municipalities in delivering social services and medical care, and how they deliver aged care services in the City of Malmö.
Denmark		
Ministry of Health, Denmark	24 January 2020	Commissioners Pagone and Briggs met with Ms Anne Bækgaard from the Ministry of Health and Ms Anne Henriksen from Healthcare Denmark. Matters discussed included: the localised model for providing long-term care; compulsory rehabilitative measures; principles for reablement; the National dementia action plan support for informal carers; and workforce recruitment and retention.
Municipality of Copenhagen	24 January 2020	Commissioners Pagone and Briggs met Mr Jakob Krogh, Director of Health and Social Services at the Municipality of Copenhagen. Matters discussed included: the types of care provided by the municipality; moving towards a reablement approach; replacing traditional nursing homes with care homes where older residents have a more home like environment; and the funding of aged care in Denmark.

International research		
Meeting	**Date**	**Content of meetings**
Professor Tine Rostgaard, Vive—Danish Centre of Applied Social Science	24 January 2020	Commissioners Pagone and Briggs met with Professor Tine Rostgaard, a social policy studies academic who specialises in comparative policy analysis and evaluating welfare and social care of children and older people. Matters discussed included: the Danish approach to reablement in aged care; quality of life; and Professor Rostgaard's research into social formal / informal care-giving and care-work.
France		
Organisation for Economic Co-operation and Development	27 January 2020	Commissioner Briggs met with: Mr Mark Pearson, Deputy Director; Dr Monika Queisser, Senior Counsellor and Head of the Social Policy Division; Ms Francesca Colombo, Head of the Health Division; and other representatives from the Directorate for Employment, Labour and Social Affairs. Matters discussed included: comparative data on workforce issues across the member countries; comparative work on quality of care and measuring quality; the integration of aged care and health care; multidisciplinary teams; and the financing of aged care.
United Kingdom		
Social Care Institute for Excellence	28 January 2020	Commissioner Briggs met with Mr Paul Burstow, Chair, and Mr Ewan King, Chief Operating Officer, of the Social Care Institute for Excellence. Matters discussed included: the reform of the *Care Act 2014* (UK) and its implementation; the United Kingdom's challenges in delivering social care; strategies to change practice within the sector and to shape the market; and supporting innovation.
Dr Jose-Luis Fernandez	28 January 2020	Commissioner Briggs met with Dr Jose-Luiz Fernandez, the Director and Associate Professorial Research Fellow at the Care Policy and Evaluation Centre, London School of Economics and Political Science. Matters discussed included: Dr Fernandez's extensive research in community care; consumer-directed care; older people; health economics; and social care economics.
Care Quality Commission	28 January 2020	Commissioner Briggs met with Mr Peter Wyman CBE, Chair, and other representatives from the Care Quality Commission, the regulator of health and social care in England. Matters discussed included: how the United Kingdom's quality and safety regulator sets consistent standards for outstanding care; monitors, inspects and regulates care services; engages people receiving care in making a determination of quality; and addresses structural and independence issues for quality regulators.
Baroness Sally Greengross	28 January 2020	Commissioner Briggs met with Baroness Sally Greengross, OBE, of the House of Lords. The discussion covered the Baroness's extensive expertise in ageing including the areas of dementia, end-of-life, and ageing policy.

International research		
Meeting	**Date**	**Content of meetings**
David Albury	29 January 2020	Commissioner Briggs met with Mr David Albury, who advises on forming and implementing strategies and policies for transforming and innovating in education, early learning, health care, and other public services. Matters discussed included: the importance of providing a case for change and a vision for the future; sectoral regulation; incentives for improvement; and how to facilitate innovation in aged care.
Professor Nicholas Barr, Professor of Public Economics European Institute, The London School of Economics and Political Science	29 January 2020	Commissioner Briggs met with Professor Nicholas Barr, Professor of Public Economics, European Institute, London School of Economics and Political Science. They discussed models for financing social services, including insurance, levies and other models.
Innovation Unit	29 January 2020	Commissioner Briggs met with Mr William Roberts, Head of Health and Social Care at the Innovation Unit, a social enterprise based in the United Kingdom, Australia and New Zealand. Matters discussed included: drivers of the care market; quality of life, including connection, community and activity; elements of quality care; and how commissioning frameworks can encourage sector transformation.
National Health Service	29 January 2020	Commissioner Briggs met with Mr James Sanderson, Director of Personalised Care, and Ms Nicola Kay, Deputy Director for Personalised Care Policy and Strategy at the National Health Service. Matters discussed included: elements of personalised care; how a 'choice and control model' works in the United Kingdom; the programs within the system; and the new 'link worker' program, including profile of the workforce.
Glen Garrod, Executive Director of Adult Care and Community Wellbeing, Lincolnshire County Council	30 January 2020	Commissioner Briggs met with Mr Glen Garrod, Executive Director of Adult Care and Community Wellbeing at the Lincolnshire County Council. Matters discussed included: the Scottish model for regulation; the role of technology, and how regulators deal with creative disruption; the role of County councils in delivering services and monitoring quality; the Lincolnshire County Council approach to commissioning and safeguarding; supporting people living with dementia, including digital supports; and reshaping the role of nurses.
Think Local Act Personal	30 January 2020	Commissioner Briggs met with: Mr Clenton Farquharson MBE, Chair of the Think Local Act Personal Programme Board (TLAP); Ms Sally Percival, Co-Chair of the TLAP Partnership; and other representatives of organisations that are part of the TLAP partnership. Matters discussed included: the 'citizenship model' of service delivery; modelling co-production approaches to engage with lived experience of caring, disability, aged care users; and the 'mature conversations', rights-based approach.

Appendix 8: Aged care and COVID-19: a special report (reproduction)

Appendix 8: Aged care and COVID-19: a special report (reproduction)

On 30 September 2020, we handed *Aged care and COVID-19: a special report* to the Governor-General, His Excellency, the Honourable David Hurley AC DSC (Retd).

The special report resulted from our Sydney Hearing 2, held between 10 and 13 August 2020. This considered the impact of COVID-19 on aged care. Volume 4 of this Final Report includes an overview of Sydney Hearing 2.

Aged care and COVID-19: a special report is reproduced in the following pages, with the original pagination retained.

Royal Commission
Into Aged Care Quality and Safety

30 September 2020

His Excellency General the Honourable David Hurley AC DSC (Retd)
Governor-General of the Commonwealth of Australia
Government House
CANBERRA ACT 2600

Your Excellency

In accordance with the Letters Patent issued on 6 December 2018, as amended on 13 September 2019 and 25 June 2020, we are making inquiries, and preparing the Final Report of the Royal Commission into Aged Care Quality and Safety.

From 10 to 13 August 2020, we held a hearing as part of our investigation of the response to COVID-19 in aged care. We now submit to you a special report on that response.

Yours sincerely

The Honourable Gaetano (Tony) Pagone QC

Ms Lynelle Briggs AO

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Aged care and COVID-19: a special report

From 10 to 13 August 2020 we held a hearing as part of our investigation into the response to COVID-19 in aged care. We are greatly indebted to the many people—including people receiving aged care services and their loved ones, some of whom were recently bereaved—who shared with us their stories and experiences, both at the hearing and by making written submissions.

We heard evidence of the effect of the pandemic on those working in aged care. The Interim Report noted that the aged care workforce is under-resourced and overworked.[1] It is now also traumatised.[2] Care workers develop close relationships with residents. Many are grieving for residents who have died after contracting COVID-19. Others are anxious about bringing the virus into their work place or home to their loved ones.[3] We pay tribute to aged care workers and to the vital work they do.

In addition, many people and organisations assisted in and cooperated with our investigation. The Australian Department of Health and its officials; the Aged Care Quality and Safety Commission and its officials; State health departments, including New South Wales (NSW), Victoria and South Australia, and their officials; and aged care providers all engaged in our processes in good faith. They provided access to documents, information and witnesses at a time when they were under considerable strain and public pressure. For this we are grateful.

1. Introduction and overview

Coronavirus disease is caused by the severe acute respiratory syndrome coronavirus 2. It was first identified in December 2019 and is a novel virus about which understanding is evolving. The World Health Organization (WHO) declared the novel coronavirus a 'public health emergency of international concern' on 30 January 2020. In February 2020, it named the disease caused by the virus 'COVID-19'. On 11 March 2020, COVID-19 was declared a pandemic by the WHO.[4]

COVID-19 presents particular risks to older people, who are particularly vulnerable to respiratory diseases.[5] In May 2020, the United Nations reported on the 'devastating toll' that the spread of COVID-19 in care homes was having on older people's lives.[6]

Never before has the aged care sector in Australia faced a challenge like COVID-19. As at 19 September 2020, 844 people have died in Australia as a result of the virus. Of these, 629 were living in aged care homes at the time of their deaths, although many died in hospital.[7]

As at 2 September 2020, the overall Australian mortality rate from COVID-19 was 2.6%.[8] This case fatality rate, as it is known, is low by international standards.[9] For example, the equivalent rate in France is 13.6%; in the United Kingdom it is 12.8%; and in the United States it is 3.1%. However, as at 19 September 2020, the proportion of those Australians who have died and who were living in residential aged care facilities at the time of their deaths is approximately 74%, a high figure by international standards.[10]

Caution must be exercised when comparing care home-related death rates in different countries. This is because of the way data is collected and recorded and because the definition of what is a care home varies between countries.[11] One international study suggests that due to these factors:

> to look at the relative impact of COVID-19 on care home residents in different countries, it is more useful to focus on the share of care home residents whose deaths have been linked to COVID-19.[12]

On this measure, Australia has performed relatively well, with a mortality rate of 0.25%. This is considerably lower than the rates in other comparable countries such as Canada (1.5%) and the United Kingdom (5.3%).[13]

The tragic impacts of the virus have been felt across the nation. An event such as this pandemic, and the consequential social, economic, and day-to-day life impacts, are beyond anything in the living memory of most in this country, with the exception of those people who were born before or during the Second World War.

The Australian Government is responsible for 'aged care services', as defined in our Letters Patent.[14] The development and implementation of aged care policy, including advising the Australian Government, funding and administration are the domain of the Australian Department of Health. The Aged Care Quality and Safety Commission is responsible for aged care regulation. State and Territory Governments, together with the private sector, are largely responsible for the delivery of health care, including to those living in residential aged care. They also have overall responsibility for managing public health emergencies. Under the *Aged Care Act 1997* (Cth), aged care providers are responsible and accountable for providing quality care in a manner that complies with the Aged Care Quality Standards set out in the *Quality of Care Principles 2014* (Cth) made under the Act.[15]

When the Prime Minister announced this Royal Commission in 2018, nobody could have foreseen that the aged care sector would find itself in the grips of a pandemic as we approach the end of our work. Like others, we have had to respond to the changes brought about by the pandemic. This includes releasing this brief report in advance of our Final Report, which will be delivered on 26 February 2021. We do this now because we do not know how long the pandemic will last. Its end is impossible to predict. However, aged care residents continue to suffer and, tragically, some more may die as a result of COVID-19.

It is clear to us that people receiving aged care services, their loved ones, those providing care and the aged care sector itself need immediate support and action. Governments need guidance based on the evidence we have heard and are able to summarise in this report.

At the time we announced our inquiry on 17 May 2020 into the response to COVID-19 in aged care, outbreaks had struck three homes in suburbs of Sydney, NSW: Dorothy Henderson Lodge, a home run by BaptistCare NSW & ACT (BaptistCare) in Macquarie Park; Opal Bankstown; and Newmarch House, a home run by Aglican Community Services (Anglicare Sydney) in Kingswood. By the time our hearing commenced on 10 August 2020, a major outbreak of the virus had taken hold in Victoria, with dozens of facilities experiencing outbreaks, 1221 infections among residents of aged care facilities, and, tragically, 189 deaths of residents. Even while the hearing unfolded, further deaths and infections associated with residential aged care were announced daily.

Now is not the time for blame. There is too much at stake. We are left in no doubt that people, governments and government departments have worked tirelessly to avert, contain and respond to this human tragedy.[16] However, the nation needs to know what lessons have been and can still be learnt. The nation needs to know what is being done, and what will be done, to protect those people receiving aged care services—those who this virus has affected disproportionately and whose entitlement to high quality care in safe environments that protect their wellbeing and dignity falls within the scope of our commission.[17]

In the weeks leading up to our hearing there were calls for us to conduct a full inquiry into the impact of COVID-19 on aged care, including into the situation that was unfolding in Victoria. We explained at that time that we did not have the resources or time to conduct such an inquiry. We remain of that view. Whether there is to be a full inquiry into these matters is for governments to decide. It is not for us as serving Commissioners with a broader task to be completed by a fixed date to do so.

In the confines of the inquiry we were able to conduct, we have concluded that there are four areas where immediate action can and should be taken to support the aged care sector:

- First, the Australian Government should fund providers to ensure there are adequate staff available to deal with external visitors so that the *Industry Code for Visiting Residential Aged Care Homes during COVID-19* (Visitation Code) can be modified to enable a greater number of more meaningful visits between people receiving care and their loved ones.
- Second, the Australian Government should create Medicare Benefits Schedule items to increase the provision of allied health and mental health services to people living in residential aged care during the pandemic to prevent deterioration in their physical and mental health. Any barriers, whether real or perceived, to allied health and mental health professionals being able to enter residential aged care facilities should be removed unless justified on genuine public health grounds.
- Third, the Australian Government should publish a national aged care plan for COVID-19 and establish a national aged care advisory body.
- Finally, the Australian Government should arrange for the deployment of accredited infection prevention and control experts into residential aged care homes.

COVID-19 is a public health crisis that has disproportionately affected aged care in Australia. Much was made during the hearing of whether there was an aged care-specific plan for COVID-19. There was not a COVID-19 plan devoted solely to aged care. But there was a national COVID-19 plan that the Australian Government sought to adapt and apply to the aged care sector. That plan, the *Australian Health Sector Emergency Response Plan for Novel Coronavirus (COVID-19)* (Health Sector Plan), was developed in January 2020 and published on 18 February 2020. On 27 February 2020 it was activated by the Prime Minister in anticipation of a pandemic.[18] The Health Sector Plan was developed against the background of the National Health Emergency Response Arrangements which had been in place since 2011 and provided a 'whole-of-government response to significant national health emergencies, including pandemics'.[19]

The Health Sector Plan was drawn to the attention of aged care providers in a letter from Professor Brendan Murphy, then the Australian Chief Medical Officer, that was published on the Australian Department of Health's website on 27 February 2020. In the letter, Professor Murphy told providers the Health Sector Plan was a 'useful reference tool for preparing your emergency plan, particularly with respect to pandemic infections'.[20]

The Health Sector Plan was augmented by a range of guidelines and material that was disseminated to aged care providers in the period from March to August 2020.[21] During this period, the Australian Department of Health and the Aged Care Quality and Safety Commission were active in assisting the aged care sector to prepare for and respond to the pandemic.[22] The Australian Government has 'committed over $1.5 billion of additional funding measures to support aged care preparedness and response' in 2020.[23] The Government is to be commended for these initiatives.

Early in 2020, both the Australian Department of Health and the Aged Care Quality and Safety Commission established taskforces dedicated to COVID-19. The role of the Commission's taskforce was to manage strategic and operational issues in relation to COVID-19, responding 'as required to issues or needs which arise, quickly and flexibly'.[24] The Australian Department of Health's taskforce was established to lead 'the aged care response to the pandemic'.[25]

On 2 March 2020, the Aged Care Quality and Safety Commissioner, Ms Janet Anderson PSM, wrote to aged care service providers to give them 'updated advice' on COVID-19. Ms Anderson told providers they should pay close attention to the Aged Care Quality Standards and urged them to undertake self-assessment. An attachment to the letter contained a list of 'links to useful resources' on the Australian Department of Health's website. Ms Anderson warned, in her letter, that while COVID-19 cases were then low in Australia, the 'situation could change at any time, and providers of all services need to give a high priority to planning' for such a scenario.[26]

Ms Anderson's advice was portentous. Unbeknownst to her or any others, the very next day the first COVID-19 outbreak in residential aged care in Australia would begin. On 3 March 2020, a personal care worker at Dorothy Henderson Lodge in Sydney was diagnosed with COVID-19. By 6 March 2020, four residents and two more staff members tested positive. On 7 May 2020, the outbreak was declared to be over.

By this time, 16 of the 80 residents (20%) and five staff members had tested positive. Six of the 16 residents diagnosed with COVID-19 died during the outbreak, a mortality rate of 37.5%. The staff members have since recovered.[27]

On 13 March 2020, two days after the WHO had declared the pandemic, the Communicable Diseases Network Australia (CDNA) released its *National Guidelines for the Prevention, Control and Public Health Management of COVID-19 Outbreaks in Residential Care Facilities in Australia* (CDNA Guidelines).[28] The CDNA Guidelines were updated on 30 April 2020 and on 14 July 2020.[29] Professor Murphy described these guidelines as 'the fundamental foundational plan'.[30] We discuss the CDNA and the CDNA Guidelines below.

Between 17 and 26 March 2020, the Aged Care Quality and Safety Commission conducted 'assessment contacts by telephone' with residential care providers to 'monitor and support their preparation for a COVID-19 outbreak'.[31] In a letter dated 4 May 2020 to our staff, Ms Anderson explained that during these contact calls, providers were reminded of their responsibilities under the Standards in relation to infection control, and providers' attention was drawn to the CDNA Guidelines.[32]

The Aged Care Quality and Safety Commission also developed an online self-assessment survey to 'support approved providers' to review their infection control systems and to evaluate their preparedness for a COVID-19 outbreak.[33] Virtually all (99.5%) of providers claimed that their infection control / respiratory outbreak management plan covered all areas identified in the survey. The same proportion assessed their service's readiness in the event of a COVID-19 outbreak as either satisfactory (56.8%) or best practice (42.7%).[34]

On 23 March 2020, a resident at Opal Aged Care's Bankstown residential facility who was already a hospital inpatient was diagnosed with COVID-19. Two further residents who tested positive were transferred to hospital. There were no further cases of COVID-19 at Opal Bankstown. Jonathan Anderson, Opal Aged Care's NSW South Regional General Manager, considered that this successful response to the outbreak was due to the preparation work that Opal had done including 'command and control structures' which had been implemented during the response to the NSW bushfires in December 2019 and January 2020.[35]

On 11 April 2020, a staff member at Anglicare Sydney's Newmarch House was diagnosed with COVID-19. By the time the outbreak was declared over on 15 June 2020, 37 of the 97 residents (38%) and 34 staff members had tested positive. Seventeen deaths 'were directly attributed to COVID-19', a mortality rate of 46% of the COVID-19 positive residents at Newmarch House.[36] The staff members have since recovered.[37]

Anglicare Sydney had used the CDNA Guidelines as a model for its COVID-19 preparation at Newmarch House and its 21 other homes.[38] On 24 March 2020, Newmarch House completed the Aged Care Quality and Safety Commission's online self-assessment survey and assessed its readiness for a COVID-19 outbreak as 'best practice'.[39] Ms Erica Roy, Anglicare Sydney's Manager of Service Development and Practical Governance, oversaw the self-assessment and told us that, with the benefit of hindsight, the assessment was not accurate.[40] In part, this was because Newmarch House's preparedness self-assessment was based on the CDNA Guidelines.

These, Ms Roy said, caused Newmarch to treat COVID-19 'as a flu-like illness' when in reality it had 'a lot more of an impact'.[41] Further, Ms Roy explained that having 'the use of an infection prevention specialist on the ground would be something that would be best practice in my eyes now'.[42]

On 22 August 2020, the Australian Health Protection Principal Committee (AHPPC) released a statement that listed 'key national statements and guidelines' relevant to aged care that it had reviewed and authorised. It went on to provide links to eight 'key national statements and guidelines'.[43] This is a positive development that brings together the disparate guidelines and recommendations and draws them to the attention of the aged care sector. It is a useful framework for the national aged care plan for COVID-19 that we recommend be developed.

Our recommendations and reasons for them are set out in detail below. Our first recommendation is that the Australian Government report to Parliament on the implementation of the remaining five recommendations. The recommendations we make are important and the public has a right to know how the Government has responded to them.

Recommendation 1

The Australian Government should report to Parliament by no later than 1 December 2020 on the implementation of these recommendations.

2. Visitors and quality of life

Recommendation 2

The Australian Government should immediately fund providers that apply for funding to ensure there are adequate staff available to allow continued visits to people living in residential aged care by their families and friends.

We begin with the measures necessary to restore physical connection between older people in aged care homes and their families and friends. We do so because older people must always be at the heart of the aged care sector and of any response to any event affecting their physical and mental wellbeing. Systems and plans are, of course, important, but they should always be linked to the object of protection. The aim of providing real, tangible and meaningful assistance to people must be our primary, overriding and constant focus. The understandable restriction of visits between older people and their friends and families has had tragic, irreparable and lasting effects which must immediately be addressed as much as possible.

Visits from family and friends are critical to the physical, mental and emotional health and wellbeing of people living in residential aged care and also their friends and families. The benefit of such visits cannot be wholly replaced by technology.

UY

UY's father was an Italian man with motor neurone disease who had been living in residential aged care since June 2019. He was non-verbal and relied on physical touch to communicate. His facility went into lockdown in March 2020 due to COVID-19. This meant that UY could no longer hug or touch her father, or hold his hand for walks around the grounds of the facility. UY said that her father could not understand why he could no longer touch and hug his family, and deteriorated rapidly. She said:

> I believe that during this time, love was not the biggest priority, but enforcing the system was. I felt that all that had been promised when Dad entered the nursing home had changed.[44]

On 6 June 2020, UY's father went to sleep and did not wake up again. He died on 13 June. Of his death, UY said:

> I believe Dad gave up wanting to live because his family support and connection was disconnected. As an Italian man, he had lost what he called his 'blood support'. Without this, he did not have meaning.[45]

UY told us that she believed her dad needed connection, and that he deteriorated because it was denied to him:

> A nursing home can never be what a family is to someone. It will never fill the gap, but it is a tool to help families with their loved ones. It will never replace the love and connection a family can give to loved ones, and it should not assume that it has the right and authority to do that.[46]

The States and Territories have issued public health directions which have impacted on visitors to aged care homes. Generally speaking, these have limited 'care and support' visits to one per day.[47] Sometimes, these directions have restricted visits altogether. For example, in late August 2020, NSW Health requested residents of the Sydney Metropolitan and Central Coast areas refrain from visiting residential aged care homes during a period of increased community transmission; and on 18 September 2020, the Victorian Premier foreshadowed that visiting aged care homes in Victoria would not return to normal until well into 2021, while recognising that there is a balance to be struck. Aged care providers have imposed restrictions in line with State and Territory directions. Some providers have elected to impose stricter restrictions on visitation rights in an attempt to halt the spread of COVID-19.

While many residents of aged care homes have not experienced a COVID-19 outbreak at their facility, they have endured restrictions for most of this year that go beyond those endured by the general community.

As a consequence, many have not been able to spend time with their loved ones in a meaningful and fulfilling way. Although there have been attempts by both the aged care sector and the Australian Department of Health to improve this situation, those attempts have been inadequate partly because of a lack of funding for additional staff to facilitate visits by conducting screening, assisting with personal protective equipment (PPE) and, where necessary, accompanying visitors.

The reduction in visitors means that staff time is stretched just trying to meet the day-to-day care needs of residents.[48] Some providers have increased staff numbers to meet these additional needs. But many providers, according to the evidence of union surveys, have reduced staff numbers.[49] This deficiency must be addressed urgently.

Maintaining the quality of life of those people living in residential aged care throughout the pandemic is just as important as preparing for and responding to outbreaks. Residents' entitlement to quality of life does not change in an emergency, although how this can be achieved does. If anything, quality of life becomes more important. For many residents of aged care homes, the restrictions on visits have had, and will continue to have, serious consequences. Ms Merle Mitchell AM acknowledged the success of her facility in keeping the virus out, but asked 'at what cost?'.[50]

Visits from family and friends are not just matters of lifestyle. Visits are also an integral part of health, enablement and happiness. Visitors often provide part of the care and support which is needed by older people in aged care homes.[51] The time spent with them by their friends and relatives inevitably includes time spent in conversation, exercise, and assisting them to eat and drink, as well as maintaining continuing connection with life and the community. Informal carers, often family members who supplement the care provided in aged care homes, also play a critical role as the 'eyes and ears'—monitoring the quality of care their loved ones receive.[52]

Whether family and friends can visit aged care homes has been a contested issue since the first cases of COVID-19 in Australia. On 11 May 2020, the issue was addressed through the Visitation Code, which was developed and endorsed by several peak organisations representing aged care providers, older people and carers.[53] That code has been the subject of three reviews. It is not binding. The third version of the CDNA Guidelines acknowledges the likelihood that protracted restrictions on visitation will have 'detrimental impacts' on the wellbeing of residents. It notes the 'vital importance' of residents' personal welfare and mental health, in which visitors play an important role.[54]

COVID-19 has seen a large increase in depression, anxiety and confusion in residents. The risk of suicide in residential aged care has increased.[55] Ms Julie Kelly, a psychologist, said that 'for a lot of the residents, there's a real, real strong sense of hopelessness, of not knowing when this is going to end or being able to see any changes for them'.[56]

There is a balance to be struck between limiting the likelihood of an outbreak of COVID-19 and ensuring residents can receive visitors.[57] The evidence we have heard makes clear that more can be done to enable older people in aged care homes to have greater access to their friends and families where this can occur without appreciable risk.

Providers described a number of the measures which they have implemented to strike a better balance than that in the Visitation Code between taking precautions against COVID-19 while maintaining other parts of life that contribute to the health and happiness of residents. Initiatives included:

- a concierge service to coordinate and screen visitors[58]
- walking programs and active and passive in-room exercise programs[59]
- dedicated communications teams within facilities to improve coordination between residents and their families[60]
- training programs for family members in infection control and the use of PPE to continue to ensure safety of visits.[61]

Such initiatives are dependent upon adequate staffing and therefore require additional resources. Ms Annie Butler of the Australian Nursing and Midwifery Federation and Ms Carolyn Smith of the United Workers Union pointed to a lack of acknowledgement of the increased staffing numbers required to support the measures in the Visitation Code.[62] They complained that they and their members had not been consulted in the development of the Code.[63] In submissions filed after the hearing, COTA Australia, the national consumer peak body for older Australians, pointed out that, while it was correct that the unions had not been involved in the preparation of the initial draft, the Australian Nursing and Midwifery Federation was given one week to comment on the draft.[64] The aged care workforce and its representatives should not be excluded from any future refinement of the Visitation Code.

Funding to support increased visits is needed immediately. Providers should not be left to divert staff to facilitate such measures from the care and other activities that residents require and which staff must perform.[65] During the pandemic, additional funding is needed for staff dedicated to those activities in order to facilitate access of visitors to the homes in which older people are living. Any provider that commits to employing additional staff for this purpose should receive reasonable funds from the Australian Department of Health to assist it to do so. There should be a simple application process.

Providers must continually review and revise their position on visitation, recognising the particular circumstances of their facility and the level of community transmission in their location. The sector must be encouraged to share and celebrate innovative solutions. Aged care providers, the Australian Department of Health, and the States and Territories must make every effort to encourage and facilitate safe visitation that complies with State and Territory public health restrictions. These visitations should be humane and proportionate to risk, even during periods of community transmission. In all but extreme cases, blanket bans on visitation are unacceptable and should be both explained and justified.

We note that Mr Michael Lye, Deputy Secretary for Ageing and Aged Care in the Australian Department of Health, specifically said, when giving evidence, that he was not aware of any cases where visitation has resulted in a case of COVID-19 within a facility.[66]

The description of the places in which older people live as ‘their homes’ must be the reality and not just a description. To be a home, those living there should be able to enjoy all of the ordinary incidents of home living, including sharing their home with friends and relatives. They should certainly not find themselves in their more vulnerable days facing their fears of the pandemic without the comfort and support of their friends and families.

3. Allied health

Recommendation 3

The Australian Government should urgently create Medicare Benefits Schedule items to increase the provision of allied health services, including mental health services, to people in aged care during the pandemic. Any barriers, whether real or perceived, to allied health professionals being able to enter residential aged care facilities should be removed unless justified on genuine public health grounds.

COVID-19 restrictions have a negative impact on the health and wellbeing of residents living in aged care homes. To manage this impact, the Australian Government and providers should ensure residents have access to the additional services that they need.

Levels of depression, anxiety, confusion, loneliness and suicide risk among aged care residents have increased since March 2020.[67] Some of this can be attributed to missing family, changed routines, concern about catching the virus or fear of being isolated in their rooms.[68] In some cases, people living in aged care homes are no longer doing the incidental exercise they were previously doing.[69] Gerontological physiotherapist Mr Rik Dawson explained that reduced activity and mobility causes older frail people to 'deteriorate very quickly', losing their muscle strength which will rapidly lead to a loss of balance and increased falls.[70] We are well aware that falls can be the beginning of decline and death for people in aged care.

Allied health professionals told us that COVID-19-related restrictions have had an impact on their ability to provide services. Despite allied health professionals being exempt from those who are excluded from aged care homes, some residents of residential aged care have had their access to allied health professionals reduced at a time when there is an increased need for such services.[71]

There was variability in the way residential aged care facilities responded to the COVID-19 lockdowns imposed in March 2020, with some seeing allied health professionals as essential workers and others requesting that they return once the restrictions were lifted.[72] The Visitation Code and State directives now make clear that allied health professionals are not to be considered visitors. While this has helped, there are still a number of residents who are not getting access to services because of the perceived risk of infection.[73] Any real or perceived barriers to allied health professionals accessing aged care homes to provide services must be removed unless they can be justified on genuine public health grounds due to the risks of infection in the community in which a home is located.

The Australian Government responded quickly to create Medicare Benefits Schedule items to increase mental health service access for people, including older people, living in the community.[74] Similar measures should be taken to increase the provision of allied health services, including mental health services, to aged care residents during the pandemic to prevent deterioration in physical and mental health. Providers should ensure they provide the fullest range of allied health services they can.

4. National advisory body and plan

The AHPPC is the key decision-making committee for health emergencies. The AHPPC is comprised of the Chief Health Officers of the States and Territories and is chaired by the Australian Chief Medical Officer.[75] Although the AHPPC draws on the expertise of other disciplines, such as emergency management and the Australian Defence Force, none of its members is an aged care specialist.[76]

On 17 March 2020, the AHPPC released a statement on COVID-19, which directed the following comment to the aged care sector:

> While all respiratory viruses can cause outbreaks and significant morbidity and mortality, COVID-19 is acknowledged as a significant health risk particularly for the elderly and individuals with co-morbidities or low immunity.[77]

While the AHPPC acknowledged this significant issue, it is now clear that the measures implemented by the Australian Government on advice from the AHPPC were in some respects insufficient to ensure preparedness of the aged care sector.

Confused and inconsistent messaging from providers, the Australian Government, and State and Territory Governments emerged as themes in the submissions we have received on COVID-19. All too often, providers, care recipients and their families, and health workers did not have an answer to the critical question: who is in charge? At a time of crisis, such as this pandemic, clear leadership, direction and lines of communication are essential.

4.1 An aged care advisory body and a COVID-19 plan

While the Health Sector Plan and CDNA Guidelines discussed above are important documents, there is a clear need for a defined, consolidated, national aged care COVID-19 plan. That plan should be created by the national aged care advisory body which we propose below, having regard to the particular needs of the aged care sector.

Recommendation 4

The Australian Government should establish a national aged care plan for COVID-19 through the National Cabinet in consultation with the aged care sector. This plan should:

- **establish a national aged care advisory body**
- **establish protocols between the Australian Government and the States and Territories based on the NSW Protocol but having regard to jurisdictional differences**
- **maximise the ability for people living in aged care homes to have visitors and to maintain their links with family, friends and the community**
- **establish a mechanism for consultation with the aged care sector about use of Hospital in the Home programs in residential aged care**
- **establish protocols on who will decide about transfers to hospital of COVID-19 positive residents, having regard to the protocol proposed by Aged and Community Services Australia**
- **ensure that significant outbreaks in facilities are investigated by an independent expert to identify lessons that can be learnt. The results of any such investigations should be promptly disseminated to the sector.**

Under the Health Sector Plan, the AHPPC is responsible, 'in consultation with relevant parties and on advice from expert bodies', for selecting which activities in that plan should be implemented.[78]

There are five 'standing committees' overseen by the AHPPC, of which the Communicable Diseases Network Australia is one. The role of the Network is to provide 'national public health co-ordination and leadership, and support best practice for the prevention and control of communicable diseases'.[79] Most of its 24 members have public health and infectious diseases expertise, but none of them is an aged care specialist.[80]

Each version of the CDNA Guidelines places primary responsibility for managing COVID-19 outbreaks in residential aged care on the aged care provider. They describe the advisory roles to be performed by the relevant State or Territory departments, and they describe the function of the Aged Care Quality and Safety Commission. The third version of the CDNA Guidelines dealt with the role of the Australian Department of Health in aged care.[81] The Australian Government's role was described as being to 'work collaboratively with the overall management of the response to support the viability and capacity' of the provider 'to access services'.[82]

The Australian Government commissioned an independent review of the Newmarch House outbreak. The reviewers, Professor Lyn Gilbert AO and Adjunct Professor Alan Lilly, said that at the outset of an outbreak, 'there must be a clear operating protocol in place, outlining the relevant stakeholders, their respective roles and the hierarchy of decision making'.[83] We agree. A national aged care COVID-19 plan developed and supported by the national aged care advisory body we propose would achieve this end.

This issue featured prominently in the evidence of Professor Joseph Ibrahim, specialist practitioner in geriatric medicine, who has been advocating for the creation of a national coordinating body specifically for residential aged care.[84] We have benefitted from Professor Ibrahim's analysis of the situation. However, the approach we recommend differs from his.

The existing standing committees of the AHPPC have played, and continue to play, a vital role in Australia's response to the pandemic. However, in our view, advice for government about the response to the pandemic in the aged care sector must be given by a dedicated national aged care advisory body. Such a body must have members with expertise in the following: aged care; health care, including clinical geriatric care; infection control as it applies in a 'home-like setting'; the operational requirements of a range of aged care settings; and the particular characteristics of the aged care workforce. Advice from such a body will enable the Australian Government to play the vital leadership role it must play as the Government with responsibility for the sector. The body must consider the needs and rights of those living in aged care and their families and friends. This dedicated body for aged care should fit within the existing AHPPC framework.

We note that the Australian Government recognised the need for such a body with expertise in aged care when on 21 August 2020 it announced the establishment of a 'time-limited AHPPC Aged Care Advisory Group'.[85] This time-limited group is chaired by Professor Michael Kidd, Deputy Chief Medical Officer, Australian Department of Health. Its membership includes people with expertise in geriatric care, primary care and infection control in aged care settings.[86]

The establishment of this group is positive but does not go far enough and should not be time-limited. It is critical that there is a body responsible for monitoring and planning for health emergencies as they apply to the aged care sector. There is a need for a body with a particular focus on the group of people most vulnerable to this and other infectious diseases to provide regular and timely practical information to the aged care sector. The body we have in mind will have a role beyond the current pandemic. For example, it will assist the sector to prepare for future influenza outbreaks which lead to many deaths in homes each winter.

The Australian Government should establish a dedicated and ongoing aged care standing committee within the AHPPC structure.

4.2 Protocols between the Australian Government and the States and Territories

On 23 June 2020, the Australian Government, through the Australian Department of Health and the Aged Care Quality and Safety Commission, and the NSW Government, through the NSW Ministry of Health (NSW Health), formalised, through a protocol, the coordination of support to an aged care provider in its management of a COVID-19 outbreak in NSW (the NSW Protocol).[87] We note Counsel Assisting's submission that a document of this kind could have been prepared in February 2020 before any outbreak of COVID-19 in residential aged care but that it was only formalised after two such outbreaks had been declared to be over in NSW.

A lack of clarity of roles during the Newmarch House outbreak added to the complexity of the response. The independent reviewers of Newmarch House refer to the 'dilemma' faced by senior management at Newmarch House because of the dispute that had arisen between Australian Government officials and NSW Health officials about the transfer of residents to hospital. Dr Melanie Wroth, the Chief Medical Advisor of the Aged Care Quality and Safety Commission, recommended residents with COVID-19 be transferred to hospital. This proposal was 'vehemently opposed' by Dr James Branley, Director of Infectious Diseases at Nepean Hospital, who had been providing onsite clinical support at Newmarch House from the outset of the outbreak.[88]

Dr Branley ended his involvement on 16 April 2020 because of the lack of clarity about:

- the respective roles of the Australian Government, the NSW Government and the provider
- who was making decisions regarding Newmarch House
- his own role.[89]

Mr Grant Millard, Anglicare Sydney's Chief Executive Officer, said that the inability to resolve the issue led to a 'high degree of frustration'. He said that the impasse between the officials was only 'in part resolved' after he personally contacted and sought guidance from the Minister for Aged Care and Senior Australians, Senator Richard Colbeck, on 16 April 2020. Senator Colbeck told Mr Millard that he 'understood the concern for role clarity'.[90] Ultimately, the NSW Health position prevailed when Mr Lye, the Deputy Secretary in Senator Colbeck's department, 'determined that Dr Branley would be responsible for clinical matters in Newmarch House'.[91] Dr Branley was re-engaged as an advisor on 17 April 2020.[92]

Ultimately, it was NSW Health's responsibility to make the decision about whether residents would be transferred to hospital.[93] As we discuss below, NSW Health implemented its Hospital in the Home program at Newmarch House.

A protocol of the kind entered into between the Australian Government and NSW Health some two and a half months later would have avoided the confusion altogether and would have avoided unnecessary frustration to a provider that was already under considerable strain. A provider should not have to contact the Aged Care Minister to have an operational question answered.

The NSW Protocol sets out the roles and responsibilities of:

- the Australian Government
- aged care providers
- various NSW Government agencies.

The primary objectives of the NSW Protocol 'are to optimise care for all residents' of a residential aged care facility affected by COVID-19 'irrespective of their COVID-19 status' and to 'contain and control the outbreak to bring it to an end as quickly and as safely as possible'.[94] Dr Nigel Lyons, Deputy Secretary Health System Strategy and Planning in NSW Health, described the protocol as 'good practice in how to facilitate fast mobilisation of required government support' to an aged care facility experiencing a COVID-19 outbreak.[95] We agree.

When asked by Senior Counsel Assisting if it would be beneficial to implement protocols similar to the NSW Protocol between the Australian Government and other State or Territory Governments, Mr Lye explained that the CDNA Guidelines were the guiding principles and they set out the roles and responsibilities.[96]

The NSW Protocol was shared by the Australian and NSW Governments with the Australian Health Ministers Advisory Council.[97] At the time of the hearing, comparable protocols, having regard to jurisdictional differences, had not been entered into between the Australian Government and other States and Territories. They should be.

Establishing protocols between the Australian Government and individual States and Territories is beneficial. Such protocols would leave no doubt about coordination arrangements. They would be valuable State or Territory-specific supplements to the aged care COVID-19 plan that we contemplate above.

4.3 The Victorian experience

By the time daily infection rates began to rise in the community in Victoria in mid-June 2020, Australia had experienced two significant COVID-19 outbreaks in residential aged care homes. It is unclear whether the lessons learnt from those outbreaks were shared widely before community transmission put people living and working in aged care in Victoria at risk.

From mid-June 2020, daily infection rates in Victoria began to rise from 20 cases on 16 June 2020 to 76 on 30 June 2020. It is unclear whether there was consideration of what these figures might mean for the aged care sector. Professor Mary-Louise McLaws, Professor of Epidemiology, Health Care, Infection and Infectious Diseases Control, University of New South Wales and a Consultant to the WHO, explained that 'One or two cases as they started to increase in June should have been an alert that this is potentially a problem.'[98]

The AHPPC released four statements directed to, or relevant to, the aged care sector between 12 March 2020 and 19 June 2020 but it provided no written guidance to the aged care sector in the period between 20 June 2020 and 3 August 2020.[99] During that time, the number of new daily infections in Victoria grew from 25 to 413 and the number of active cases in residential aged care facilities grew from zero to over 500.[100] It is of the utmost importance that governments and their advisers have the aged care sector uppermost in their considerations during periods of increasing community transmission of the virus or any other contagion due to the vulnerability of the residents. The dedicated advisory body we propose increases the likelihood of this occurring in future.

There were no active cases of COVID-19 in residential aged care before 7 July 2020 but by 13 July 2020 there were 28 cases. By 9 August 2020, the day before our hearing commenced, this figure exceeded 1000. The first recorded death of an aged care resident from COVID-19 in Victoria was on 11 July 2020. As at 13 September 2020, there have been 563 deaths.[101]

During this period, both the Australian Department of Health and the Aged Care Quality and Safety Commission were active in providing advice. However, this did not extend to mandating, or recommending, the use of face masks in aged care facilities. This is despite the fact that, according to Professor McLaws, masks are 'a very cheap and effective method' of slowing the spread of COVID-19.[102]

On 29 June 2020, the Australian Department of Health released a document entitled *First 24 Hours – Managing COVID-19 in a residential aged care facility* (First 24 Hours Guideline).[103] This document provides critical guidance to facilities in the event they experience an outbreak. On 30 June 2020, the Aged Care Quality and Safety Commission issued a document directed to Victorian residential aged care services entitled *Covid-19: Are you alert and ready?* This document contained advice from the Commission's Chief Clinical Advisor, Dr Melanie Wroth. It referred providers to the recently updated CDNA Guidelines.[104]

On 7 July 2020, the Australian Government Minister for Aged Care and Senior Australians wrote to aged care providers urging them to ensure that their outbreak management plans were 'up to date and ready to be activated' but did not suggest that they should consider asking their employees to wear masks.[105]

Two days after the first Victorian COVID-19-related death connected with aged care, on 13 July 2020, on advice from the AHPPC, the Australian Government Minister for Health announced that aged care staff working in Victoria's lockdown zones (then Greater Melbourne and the Mitchell Shire) 'will be required to wear surgical masks'.[106] This announcement came five weeks after the WHO advised that health workers should wear masks and four weeks after community transmission numbers in Victoria had started to increase in mid-June.[107]

4.4 Hospital transfers and Hospital in the Home

Whether and in what circumstances a resident of an aged care facility who tests positive should be transferred to hospital is a matter that has received much attention both at the hearing and in public discourse. There are various factors that must be balanced in determining the best approach:

- the needs and preferences of residents diagnosed with COVID-19
- the needs of residents who have not contracted COVID-19 and their right not to be exposed to it
- the health and safety of those charged with caring for both sets of residents
- the risk of spread of the infection in all settings including in residential aged care and hospitals
- the impact on the broader health system.

Reflecting on the experience of the Hospital in the Home program at Newmarch House, Mr Millard told the Anglicare Sydney Board on 27 May 2020 that:

> In the event of infection at another [Anglicare Sydney] home, Anglicare would be far more assertive regarding the most appropriate management of COVID-19 positive residents and would strongly push for these residents to be immediately transferred to hospital.[108]

In evidence at the hearing, Mr Millard explained that the concern he expressed to the Board related to three matters that arose from Hospital in the Home. First, managing the risk of infection to other residents in the home. Second, the challenges of managing the infection to staff and others working with the residents.[109] Third, he said:

> I believe that if we would have been able to transfer out COVID-positive residents earlier, we might have had an earlier liberalisation of what was, really, extremely difficult for our residents to go through being isolated in their rooms with the doors closed.[110]

As Ms Roy of Anglicare Sydney put it, 'They're a whole family in there and we need to treat each of them as important.'[111]

A submission we received from BaptistCare Australia, in which the lessons of the Dorothy Henderson Lodge outbreak were discussed in very helpful detail, addressed this issue clearly:

> Residential aged care homes are places where people live, assisted by staff to manage their chronic health conditions. They are designed to be as domestic and home-like as possible and they are not suitable places for treating serious cases of COVID-19. Suitable places are those capable of an extremely high level of clinical infection control which even hospitals are struggling with. Further, residential aged care providers have a duty of care to all residents…in the home.[112]

Views among experts and State health departments varied on the question of whether to hospitalise residents who test positive. Professor McLaws drew on WHO principles to explain that for aged care residents who are COVID-19 positive, 'Transfer to hospital is the only appropriate solution that may improve their survival rate and reduce the risk of infection in the remainder of residents.'[113]

South Australia has an automatic transfer policy under which a resident who tests positive to COVID-19 'will be transferred immediately to hospital by ambulance'.[114] It also has a dedicated COVID-19 hospital.[115] The policy was informed by the WHO's investigation of how China has managed the pandemic.[116] Professor Spurrier explained that the policy requires the resident who has tested positive to 'go to the safest place in terms of not spreading the disease any further to other vulnerable residents in that home'.[117]

The policy is an application of the 'population focused principle' which requires public health decisions to be made to protect and improve the health of the community as a whole while considering the health of individuals.[118] Professor Spurrier also explained the importance to public health decision-making of the 'precautionary principle', under which, as the *Public Health and Wellbeing Act 2018* (Vic) puts it, 'if a public health risk poses a serious threat, lack of full scientific certainty should not be used as a reason for postponing measures to prevent or control the public health risk'.[119]

Dr Lyons of NSW Health explained that in NSW, 'decisions in relation to the location of care and the separation of residents must be made on a case-by-case basis depending on the circumstances of the residents' and the residential aged care facility.[120]

The current version of the CDNA Guidelines are silent on the question. This is in contrast to the first two versions of the guidelines which advised that residents should be transferred 'only if their condition warrants'.[121] The Australian Government submitted that the omission of this advice in the current version of the CDNA Guidelines 'does not reflect a particular policy of the Commonwealth that approved providers should cohort residents within a facility in a COVID-19 outbreak or that all COVID-19 affected residents should automatically be transferred to hospital'.[122] 'Cohort' and 'cohorting' were terms used by a number of the witnesses to refer to separating residents who are COVID-19 positive from those who are COVID-19 negative.

Dorothy Henderson Lodge followed a policy in the early stages of the outbreak of transferring residents who tested positive to COVID-19 to hospital. However, later in the response 'admission to hospital was not guaranteed with the decision made by MoH [NSW Health] on a case by case basis'.[123]

Newmarch House residents, on the other hand, were generally treated at the facility under the Hospital in the Home program.[124] The prevailing view among the medical staff and government officials at that time was that 'cohorting' at the home would be preferred to hospital transfer unless such transfer was clinically necessary. Mr Millard told us that two residents were transferred to hospital. However, the NSW Health response to the independent report into Newmarch House states that seven residents were transferred to hospital.[125] NSW Health's Hospital in the Home program is a substitute for in-hospital care. Under the program, instead of being admitted to hospital, a person who satisfies the criteria for hospital admission is 'admitted' to receive hospital-level care in their home.[126]

NSW Health's guideline, entitled *Adult and Paediatric Hospital in the Home Guideline*, details various requirements that need to be in place for Hospital in the Home to be implemented in aged care settings. These include a written agreement setting out the roles and responsibilities as well as the training and support for aged care home staff.[127] Both Mr Millard and Ms Roy spoke of their experience of Hospital in the Home at Newmarch House. While Dr Branley provided an overview of Hospital in the Home at a meeting with representatives of Anglicare Sydney and the Australian and NSW Governments on 16 April 2020, no written agreement of the kind contemplated in the policy was put in place before Hospital in the Home arrangements were implemented the following day. Ms Roy said such an agreement, together with training for staff, would have been useful.[128]

On 4 August 2020, NSW Health's Agency for Clinical Innovation released a guideline entitled *Caring for adults with COVID-19 in the home*.[129] This document was prepared without consultation with those who had recent experience of Hospital in the Home and without consultation with the aged care sector more generally. NSW Health has since advised that consultations on amendments and future versions will involve the aged care sector.[130] We commend this.

Virginia Clarke

Virginia Clarke's father had been a resident at Newmarch House since 2013. Ms Clarke was generally happy with the communication from Newmarch House until March 2020 when the facility went into lockdown due to COVID-19. After an outbreak on Easter Sunday, Ms Clarke received a phone call to say all residents, including her father, would be tested for COVID-19. Despite calling multiple times the following week, Ms Clarke only found out by accident that her father had tested positive on Friday 17 April 2020. On Sunday 19 April, he died in the facility. Of this experience, Ms Clarke said:

> I think he should have been told, and had staff talk to him about it and about his treatment. I don't know whether he should or should not have gone to hospital, but I just don't know whether he got the best care that he should have, because none of us were informed.[131]

Ms Clarke was unaware that her father was being treated under the Hospital in the Home program.[132] She told us that if the NSW Government 'insists on having hospital in place for the aged care facilities, then it needs to be as a hospital in place. So he needs to be able to access doctors all the time, nurses, and…all the equipment that is required that they would have access to if they were in a hospital'.[133]

Ms Clarke did not think her father knew or had been told that he tested positive for COVID-19. Following his death, the appropriate records had not been kept by the facility and Ms Clarke struggled to obtain the death certificate necessary to hold her father's memorial service.

She said:

> There needs to be more support for family members, more support for residents, and more communication.[134]

Representatives from Dorothy Henderson Lodge were clear that the transfer to hospital of residents with COVID-19 in the early stages of the outbreak assisted in controlling the outbreak. Ms Melanie Dicks, Residential Operations Manager, Southern region, BaptistCare, explained that it helped the provider to 'stabilise our outbreak plan and ensure that our resources were working'.[135] In particular, it enabled BaptistCare to 'say that the service had no active cases at that point, and it certainly supported encouraging staff to come as well because at that time staff were fearful to come on site so we had to work strongly and support our staff to ensure their safety'.[136] The submissions from Anglicare responding to those of Counsel Assisting made similar observations based on the experience at Newmarch House, including the experience of residents and their families.[137]

The independent review of Newmarch House revealed that there were 'impediments' to the 'successful implementation' of Hospital in the Home at Newmarch House, 'the most significant of which was a shortfall in staff familiar with the regular care needs of residents'. In addition, the number of residents with COVID-19 was increasing, which was a 'continued source of infection to other residents and staff because of imperfect' infection prevention and control practices. The independent review also identified a 'lack of adequate provision for medical care of the majority of residents who remained COVID-19 free' which led to 'shortfalls in hospital-standard care for some residents with COVID-19 and neglect of or delays in, routine care of many others'.[138]

These concerns led the independent review to conclude that the 'successful adoption of Hospital in the Home as a model-of-care, for a large number of residents with COVID-19 in an aged care facility, is very challenging' and to identify the following 'key learning' in the report:

> HITH [Hospital in the Home] is an attractive model of care for management of a COVID-19 outbreak in an aged care facility but the precondition of resident safety is only likely to be met if the outbreak is limited to a small number of cases in residents and staff.[139]

The evidence before us, limited as it is, supports this view. However, we note that NSW Health maintains that the experience at Newmarch House 'does not lead to the conclusion that a HITH [Hospital in the Home] model is unsuitable for a large outbreak'.[140] The aged care advisory body we propose should consider this issue and provide guidance to governments and the aged care sector about the future use of Hospital in the Home in COVID-19 outbreaks.

On the broader question of whether residents who test positive to COVID-19 should be transferred to hospital for treatment, the independent Newmarch House review was clear. Another 'key learning' it identified was that an 'expert panel' of suitably qualified medical practitioners should make decisions about clinical care and:

> as soon as an outbreak is declared…residents should be transferred to hospital until the residential aged care facility is deemed safe and appropriate for residents to return.[141]

There is no single answer to whether residents with COVID-19 should be transferred to hospital or whether they should receive treatment at the home. There is no 'one size fits all' answer because facilities vary in their capacity to separate negative and positive residents and in the numbers and skills of their staff. And as we have seen, the States, which run the hospitals and act as 'gatekeepers', apply different policies.

What is clear is that:

- The starting point must be to recognise that equal access to the hospital system is the fundamental right of all Australians young or old and regardless of where they live.
- The decision about whether to transfer a resident with COVID-19 to hospital or to care for them through Hospital in the Home must be made considering both the wishes of the resident who has tested positive and the right of the other negative residents to remain negative.
- The decision should be informed by broader public health considerations, such as the 'precautionary principle' and the 'population-focused principle'.
- Any policy on the use of Hospital in the Home in residential aged care facilities must be developed in consultation with the aged care sector and should ordinarily be confined to small outbreaks, as recommended by the independent Newmarch House review.
- If Hospital in the Home is to be implemented in an aged care facility all relevant pre-conditions must be met before implementation.

In June 2020, Aged & Community Services Australia (ACSA), a national peak body for not-for-profit, church, charitable and for-purpose providers, released a framework that addressed the interconnections between aged care and health care during COVID-19. In it, ACSA called on the Australian and State and Territory Governments 'to develop and adopt clear protocols for the management of the interface between…residential aged care and hospitals' during the pandemic. According to ACSA, the proposed protocols would achieve the following:

> - Ensure aged care residents can access their right to acute care in hospital, or another location that is well set up to manage infection control and treatment, if they clinically require it;
> - Ensure aged care residents at a facility where an outbreak occurs are not put in harm's way by any obstacles to transferring aged care residents diagnosed with COVID-19 to the appropriate acute care setting; and
> - Develop clear guidelines for the additional support measures to be provided by the health system should an outbreak require the establishment of 'hospital in the home' arrangements in an aged care facility.[142]

We commend this proposal. In its submissions responding to the submissions of Counsel Assisting, NSW Health agreed that there should be clear protocols and stated that 'the protocol between the Commonwealth and NSW seeks to address this need'.[143] These matters should be considered by the national aged care advisory body which we propose. There is a need, as Mr Millard said, 'for a much closer collaboration as an entire health system' at a State and Australian Government level.[144]

5. Infection control expertise and personal protective equipment

Recommendation 5

All residential aged care homes should have one or more trained infection control officers as a condition of accreditation. The training requirements for these officers should be set by the aged care advisory body we propose.

Recommendation 6

The Australian Government should arrange with the States and Territories to deploy accredited infection prevention and control experts into residential aged care homes to provide training, assist with the preparation of outbreak management plans and assist with outbreaks.

5.1 Infection control

There is nothing more important to help providers prepare for and respond to COVID-19 outbreaks than access to high level infection prevention and control expertise.[145] Providers of aged care are required under existing Standards to minimise infection-related risks by implementing 'standard and transmission-based precautions to prevent and control infection'.[146] But for COVID-19, there are particular challenges associated with infection control in aged care homes as explained in a report dated 24 May 2020 about the Newmarch House outbreak by the NSW Clinical Excellence Commission:

> Newmarch House not unlike many aged care facilities is a challenging environment to implement such high levels of precautions, isolation and enhanced use of PPE. This is then compounded by the lack of onsite Infection Prevention and control expertise or external oversite of Infection Control where onsite may not have been possible.[147]

The Clinical Excellence Commission report made some important observations about infection control that we consider are of general application to the aged care sector:

> RACF [residential aged care facilities] such as Newmarch would have some experience implementing transmission based precautions and outbreak management particularly for management of other respiratory borne illnesses annually such as influenza, however I suspect given the communicability of COVID-19, the high transmissibility and the unusual enhanced approach implemented, this scenario,

> despite national recommendations in place is unprecedented and relies heavily on specific environmental controls that would require Infection control expertise to set up, monitor, evaluate and at times interrogate further. Successful management of this magnitude also relies on an existing culture of compliance to and emphasis on basic and ongoing infection control education and training in addition to operational accountability for Infection Prevention and Control; again something not necessarily unique to Newmarch.[148]

Professor Gilbert made similar observations and identified similar needs in a report she was commissioned by the Australian Government to prepare about the outbreak at Dorothy Henderson Lodge. So too did Professor Gilbert and Adjunct Professor Lilly's report into the Newmarch House outbreak.[149]

Based on the findings of these various reports, it is apparent that high-level infection control expertise is needed by aged care homes:

- to assist with the preparation and implementation of outbreak management plans
- to provide training to staff on the use of PPE and infection prevention and control
- to provide assistance on day one of an outbreak.

Ms Kathy Dempsey of the NSW Clinical Excellence Commission explained the process by which infection control and prevention specialists are accredited. Ms Dempsey said that credentialing is carried out by the Australasian College of Infection Prevention and Control. There are currently 66 credentialed infection control and prevention specialists across Australia, mainly in major hospitals.[150]

Several witnesses agreed that access to accredited infection control and prevention specialists could assist the aged care sector.[151] We consider that the Australian Government should make arrangements with the States for easy access by providers to these accredited specialists. This should be able to be achieved on a regional basis. It is true, as the Australian Government submitted, that 'infection control specialists are organised and engaged by the public health units of each State and Territory'.[152] However, we consider that the Australian Government, as the government responsible for residential aged care facilities, should be working closely with the States to make infection control expertise available to the sector.

We accept that there are clearly limits to what the relatively small number of accredited experts can contribute through their direct involvement in the aged care sector. The best approach may be to use their expertise in training and mentoring roles to increase capacity in the aged care sector.[153] Professor Gilbert considered that:

> infection control professionals within hospitals in the local districts…could probably provide advice and training to staff outside of this outbreak scenario which would probably make everybody more prepared to respond quickly when the situation arises.[154]

We consider that the ideal model is for each aged care home to have at least one dedicated 'infection control champion'. Anglicare Sydney has identified two staff members from each of its homes to be trained to fulfil this role. These staff members have been enrolled in a six-month course and are being mentored by Ms Dempsey.[155] This is a model that should be spread throughout the sector without delay.

We note that this is not a new idea. Long-term care homes in Hong Kong have been required to have designated Infection Control Officers since 2004. The requirement was introduced after the Severe Acute Respiratory Syndrome (SARS) epidemic and has greatly assisted the response to COVID-19 in 2020. Their role is to coordinate and implement infection control measures in accordance with the *Guidelines on Prevention of Communicable Diseases in Residential Care Homes for the Elderly*.[156]

Closer to home, the Victorian State Coroner recommended in 2012 that the Victorian Department of Health, in consultation with the then Australian Department of Health and Ageing, require aged care facilities to have a designated Infection Control Manager.[157]

5.2 Personal protective equipment

Training in the use of PPE across the aged care sector was described by a representative of a trade union with members who work as personal care workers as 'completely inadequate' in the context of a pandemic.[158] Personal care workers do not receive training on the use of PPE as part of their Certificate III.[159] Graduate nurses receive a working knowledge of PPE and gain an understanding of universal precautions and basic infection control principles as part of their training.[160] Mr Lye agreed that training in the use of PPE should be compulsory and of a much higher standard.[161] This is a matter that requires urgent attention by the Australian Government, aged care providers and those responsible for the content of the Certificate III.

In her report about the Dorothy Henderson Lodge outbreak, Professor Gilbert recommended that aged care staff be provided with regular, perhaps annual, training in infection prevention and control and the use of personal protective equipment.[162] We agree with this recommendation. Providing this training should be a core responsibility of providers.

Providers need to appreciate the risks associated with COVID-19. While the tragic events in NSW and Victoria may have assisted unaffected providers to learn about the need for infection prevention and control expertise, this need must be made absolutely plain in the national aged care COVID-19 plan. We need only to look at the experience of Newmarch House to understand why. Ms Roy, an experienced aged care nurse, explained that when she assessed Newmarch House as 'best practice' in relation to infection control and preparedness, she relied on the CDNA Guidelines which she explained caused her to treat COVID-19 'as a flu-like illness'.[163] With the benefit of hindsight, she told us that she now considers that 'the level of expertise that someone like Ms Dempsey brought was unparalleled, because of her extensive experience in dealing with infection control'.[164]

Professor McLaws explained that COVID-19 is different to influenza from an infection control viewpoint because there is no vaccination and a person with it can be infectious for four days after exposure while having no symptoms at all.[165] This has proven to be of grave significance to outbreaks in the aged care sector.

It is not enough to tell providers, as the Australian Government's First 24 Guideline does, that if they request help, they will be provided with a 'Clinical First Responder'.[166] Unless a 'Clinical First Responder' possesses the level of expertise that Professor Gilbert described, they will not be able to provide the high level of assistance that providers need.

Infection control is important not only for the health, safety and wellbeing of residents. It is important to those who work in aged care. We heard concerning evidence about unsafe conditions for aged care workers.[167] Large numbers of aged care workers have contracted COVID-19. Nurses, personal care workers, cooks and cleaners are required to work in close proximity to residents who are, or may be, COVID-19 positive. This was graphically described for us by Ms Diana Asmar, Branch Secretary of the Health Services Union, who told us that her union's members 'right now feel like they're on the bottom of the Titanic ship'.[168] Aged care workers perform intimate tasks which place them on risk of catching the virus.

Insufficient supplies of PPE and infection control training for the aged care workforce were the subject of evidence in the form of union surveys and accounts.[169] We heard of workers being told they could only use one glove rather than two, and a guideline at a residential aged care facility that only permitted two masks per shift.[170] This is deplorable.

6. Conclusion

The COVID-19 pandemic has been the greatest challenge Australia's aged care sector has faced. Those who have suffered the most have been the residents, their families and aged care staff. The suffering has not been confined to those homes which have experienced outbreaks. Thousands of residents in homes that have not suffered outbreaks have endured months of isolation which has had and continues to have a terrible effect on their physical, mental and emotional wellbeing.

We decided to hold this hearing to identify what lessons can be learned from the experience of the aged care sector's response to COVID-19 in the first eight months of 2020. We have identified a number of lessons and made six recommendations for the Australian Government to implement that we consider will better prepare the sector, its staff and its residents for any future outbreaks of this pernicious virus.

Longer-term reform of the aged care sector will be the subject of our Final Report in 2021.

7. Endnotes

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128 Transcript, Sydney Hearing 2, Erica Roy, 11 August 2020 at T8492.4–26.

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130 Exhibit 18-28, Sydney Hearing 2, Bundle of correspondence regarding NSW Ministry of Health and consultation in relation to guidelines for Hospital in the Home, tab 3, RCD.9999.0482.0003 at 0004.

131 Exhibit 18-08, Sydney Hearing 2, Statement of Virginia Clarke, WIT.0790.0001.0001 at 0006 [42].

132 Transcript, Sydney Hearing 2, Virginia Clarke, 11 August 2020, T8473.7–17.

133 Transcript, Sydney Hearing 2, Virginia Clarke, 11 August 2020, T8472.32–36.

134 Exhibit 18-08, Sydney Hearing 2, Statement of Virginia Clarke, WIT.0790.0001.0001 at 0007 [46].

135 Transcript, Sydney Hearing 2, Melanie Dicks, 10 August 2020 at T8422.45–46.

136 Transcript, Sydney Hearing 2, Melanie Dicks, 10 August 2020 at T8423.31–34; see also T8424.16–21.

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139 Exhibit 18-3, Sydney Hearing 2, Newmarch House tender bundle, tab 121, CTH.1000.0005.8876 at 8895.

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141 Exhibit 18-3, Sydney Hearing 2, Newmarch House tender bundle, tab 121, CTH.1000.0005.8876 at 8896.

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143 Submissions on behalf of State of New South Wales, Sydney Hearing 2, 4 September 2020, RCD.9999.0505.0001 at 0008 [54].

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150 Transcript, Sydney Hearing 2, Kathy Dempsey, 11 August 2020 at T8508.41–8509.18.

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153 Exhibit 18-12, Sydney Hearing 2, Statement of Erica Roy, WIT.0793.0001.0001 at 0014 [77]; Exhibit 18-2, Sydney Hearing 2, Dorothy Henderson Lodge tender bundle, tab 14, RCD.9999.0379.0001 at 0010 [6.3.3].

154 Transcript, Sydney Hearing 2, Gwendolyn Gilbert, 10 August 2020 at T8440.15–18.

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159 Transcript, Sydney Hearing 2, Diana Asmar, 12 August 2020 at T8621.12–13.

160 Transcript, Sydney Hearing 2, Annie Butler, 12 August 2020 at T8622.20–22.

161 Transcript, Sydney Hearing 2, Michael Lye, 12 August 2020 at T8678.15–18.

162 Exhibit 18-2, Sydney Hearing 2, Dorothy Henderson Lodge tender bundle, tab 10, CTH.1000.0004.7114 at 7121.

163 Transcript, Sydney Hearing 2, Erica Roy, 11 August 2020 at T8482.19–27; Transcript, Melanie Dicks, 10 August 2020 at T8416.41–44.

164 Exhibit 18-12, Sydney Hearing 2, Statement of Erica Roy, WIT.0793.0001.0001 at 0014 [75].

165 Transcript, Sydney Hearing 2, Mary-Louise McLaws, 10 August 2020 at T8388.30–34.

166 Exhibit 18-1, Sydney Hearing 2, general tender bundle, tab 31, RCD.9999.0382.0001 at 0008.

167 Transcript, Sydney Hearing 2, Annie Butler, 12 August 2020 at T8613.38–43; Transcript, Sydney Hearing 2, Diana Asmar, 12 August 2020 at T8611.37–40.

168 Transcript, Sydney Hearing 2, Diana Asmar, 12 August 2020 at T8611.4–5.

169 Exhibit 18-1, Sydney Hearing 2, general tender bundle, tab 15, ANMF.0020.0002.0001 at 0025–0032; tab 37, AWF.600.02042.0001 at 0016–0017.

170 Transcript, Sydney Hearing 2, Annie Butler, 12 August 2020 at T8620.46–8621.3; Transcript, Sydney Hearing 2, Diana Asmar, 12 August 2020 at T8630.2–3.

Appendix 9: The Royal Commission's Finances

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Our finances

The Royal Commission was appropriated $93.3 million in total for 2018–19, 2019–20 and 2020–21. This comprises $90.1 million in operational funding and $3.2 million in capital funding.

The Royal Commission's total estimated expenditure over its life is $91.7 million. This comprises $67.2 million in actual expenditure to 30 June 2020 and an estimated $24.5 million for the 2020–21 financial year.

The Royal Commission's expenditure is broken down below under its key activities:

Conducting hearings: $37.5 million over the life of the Royal Commission (41% of total expenditure). Expenditure included all costs associated with: coordinating and conducting public hearings including Commissioner, Counsel Assisting, Solicitor Assisting, Special Advisors and related staff matters; the preparation and printing of case studies and submissions; courtroom hire and related logistics; witnesses and support people; information technology services including electronic court, data management and transcription services; media announcements and liaison; and counselling and support services.

Research, policy and reports: $29.4 million over the life of the Royal Commission (32% of total expenditure). Expenditure included all costs associated with: the development of policy and recommendations; the Royal Commission's extensive research program; and work contributing to the development of the publications entitled *Interim Report: Neglect, Aged care, COVID-19: a special report* and this Final Report. This also included: the commissioning of a large number of research projects related to many aspects of the Royal Commission's work; report production costs, including writing, editing and printing; and costs related to employees who contributed to this work.

Engagement: $6.1 million over the life of the Royal Commission (7% of total expenditure). Expenditure included the cost of: managing call centre services; correspondence; and coordinating and implementing the Royal Commission's extensive engagement activities with the community. This also included costs related to coordinating and conducting site visits, community forums and stakeholder meetings, including venue hire, Commissioner and staff costs and travel, and associated media liaison and advertising.

Business support services: $18.7 million over the life of the Royal Commission, including $3.2 million in capital costs (20% of total expenditure). Expenditure included all costs related to supporting the operation of the Royal Commission. This included: organisational leadership costs; staffing costs for providing services such as human resources support, finance and procurement, travel coordination, and facilities management; rent and property-related costs; information technology infrastructure and support; security services; employee wellbeing initiatives; telecommunications; and office supplies.

Table 1 shows the total cost of the Royal Commission's expenditure by major categories (actual expenditure for 2018–19 and 2019–20 financial years, and forecast expenditure for the 2020–21 financial year).

Table 1

Summary of costs for the period December 2019 to February 2021[1]

Expense	Total cost ($m)
Commissioners	2.430
Counsel Assisting	10.942
Solicitor Assisting	22.036
Senior Advisors	3.902
Staff cost (including labour hire)	14.901
Research and policy program[2]	9.059
Financial assistance to witnesses and support persons (non-legal costs)[3]	0.311
Information and communication costs including electronic courts and document management	8.219
Travel and accommodation	2.050
Venue hire[4]	0.292
Office accommodation	3.342
General administration	10.983
Capital expenditure[5]	3.241
Total expenditure	**91.708**

Endnotes

1 The Royal Commission into Aged Care Quality and Safety delivered the Final Report on 26 February 2021. The expenditure reflected above includes actual costs incurred from December 2019 to October 2020 as well as estimates of the costs of the final four months of operations to February 2021, and winding down and decommissioning costs.

2 Includes payments made to external research and policy contractors.

3 Includes travel and loss of wages entitlements to witnesses appearing before a public hearing. The Attorney General's Department offered financial assistance to witnesses requiring legal assistance to prepare witness statements, which is not included here.

4 Includes venue hire and associated costs to hold public forums and hearings.

5 Costs associated with fit-out and information and communications technology (ICT) infrastructure.

Appendix 10: The Team of the Royal Commission into Aged Care Quality and Safety

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Royal Commissioners

The Honourable Gaetano (Tony) Pagone QC
September 2019 – October 2019
Chair of the Royal Commission: October 2019 – February 2021

Ms Lynelle Briggs AO
October 2018 – February 2021

The Honourable Richard Tracey AM RFD QC
Chair of the Royal Commission: December 2018 – October 2019

The Honourable Justice Joseph McGrath
Chair of the Royal Commission: October 2018 – December 2018

Official Secretary

James Popple

Counsel Assisting

Peter Gray QC
Timothy McEvoy QC (until March 2019)
Peter Rozen QC
Richard Knowles QC
Paul Bolster
Zoe Maud
Erin Hill
Brooke Hutchins
Eliza Bergin

Senior Advisors

Barbara Bennett
Barbara Carney
David Cullen
Roger Fisher
Rodney Halstead
Glenn Harrison
Charles Maskell-Knight
Mary Ann O'Loughlin
Carolyn Smith

Solicitors Assisting

Louise Amundsen
Rodger Prince
Alice Bitmead
Sarah Bohmer
Nadia Bonalini
Izabela Bozym
Hanna Daych
Olivia Doray
Laura Ferguson
Adam Flynn
Isabelle Gatley
Laura Groves
Meredith Hagger
Judith Jefferson
Matthew Jorgensen
Brittany Law
Brian Lian
Zoe Maxwell
Mollie McKendrick
James Middleton
Jodi Moore
Clara Palumbo
Alyssa Sallis
Cabrini Shepherd
Sam Thorpe
Anthea Windsor

Policy and Research Branch

Sara Samios
Patrick Allington
Samantha Atkins
John Avery
Aaron Blanco
Andrew Boucher
Kylie Burgess
Samuel Bye
William Chau
Lok Chiu
Lindsay Cole
Angelica Costi
Michael Cousins
Alistair Davey
Mitchell Docking
Matthew Edge
Mary Farrell
Zoë Gill
Anna Gregory
Marlene Hall
Sallie Harrington-Downie
Sophia Harryba
Marie Heartfield
Jan Idle
Sue Jarrad
Adam Jarvis
Christopher Jones
Mikaela Jorgensen

Craig Kavanagh
Ryan Kennedy
Ellen Kerrins
Catherine Lang
Nicole Lungershausen
Rachel McDonald
Todd McInnis
Briah McKinnon-Collins
Helen McLean
Peter Meere
Beth Midgley
Rebecca Morris
Jana Norman
Kirstin Paine
Celia Painter
Olga Pandos
Thomas Pearce
Nicole Prouse
Nikki Quirke
Jenny Rea
Arusyak Sevoyan
Elizabeth Shears
Chloe Stoddart
Zoë Stokes
Jennifer Taylor
Joanne Tran
Melissa Vine
Di Wang
Grant Whitesman

Operations Branch

Daniel Cox
Scott Brooks
Rebecca Abbott
Natalie Ambrus-Bonazzi
Adam Bassani
Joe Bradstreet
Alana Brennan
Caroline Brown
Jenny Brown
Mallory Comyn
Jayne DiSotto
Joachim Dore
Mark Dowsett
Megan Eterovic-Soric
Damien Fazzalari
Danielle Grant-Cross
Angela Gregory
Kate Hannon
Halina Herring
Melanie Higashioka
Bronson Horan
Anna Javier
Belinda Lines
Claire McAlary
Mhairi Mills
Mikaela Minge
Hung Nguyen
Darcy Paine
Tara Philip
Amanda Pix
Shayl Prisk
Karen Robinson
Sam Senaratne
Louise Sheppard
Jacinta Starick
Brouc Trestrail
Susan Trestrail
Eli Twigg
Andrew Veimuli
Katherine Vukmanovic
Gail Ward
Carmen Yates

Consultants and advisors

David Allen
Stephen Bartos
Bridget Browne
Kathy Eagar
Brett Kaufmann
Megan Morris

Clinical Advisors

Susan Hunt
Susan Kurrle
Debra Rowett

Royal Commission
into Aged Care Quality and Safety

Commonwealth of Australia

Royal Commission into
Aged Care Quality and Safety

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